

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39848

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 4489		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vanduser</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vanduser</b>		1000 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home (RFD)</b>				d. STREET ADDRESS (If rural, give location) <b>RFD</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willis</b> b. (Middle) <b>Jefferson</b> c. (Last) <b>Page</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-8-54</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 12, 1871</b>	
9. AGE (In years last birthday) <b>83</b>		10. MONTHS <b>5</b>		11. DAYS <b>26</b>		12. IF UNDER 1 YEAR Hours <b>26</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>EWING Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jerra Page</b>		13b. MOTHER'S MAIDEN NAME <b>Adaline Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Emma (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Rev. Marshall Page (Son)</b> ADDRESS <b>Vanduser, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarct</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertrophied heart +</b> DUE TO (c) <b>Decompensation</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>Oct once</b>  <b>6 mo.</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 8 1954</b> 11:00 am	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>7-May, 1954</b> , to <b>8-Nov., 1954</b> , that I last saw the deceased alive on <b>20-Oct, 1954</b> , and that death occurred at <b>6:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H.B. Shogerton, M.D.</b>				23b. ADDRESS <b>Sikeston, Mo.</b>		23c. DATE SIGNED <b>12-Nov-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-10-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carpenter Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>McMullin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-13-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ellen Fisher</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Orville Taylor</b> ADDRESS <b>Sikeston, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED NOV 15 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1154-286

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Tommy L. Roberts*

Licensed Embalmer No. 7856

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.