

No. 300  
10.48

DR. CLARK

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36578

FILED NOV 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2080 Registrar's No. 1017

1. PLACE OF DEATH  
a. COUNTY GREENE  
b. CITY OR TOWN SPRINGFIELD  
c. LENGTH OF STAY (in this place) 3 months  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI  
b. COUNTY GREENE  
c. CITY OR TOWN SPRINGFIELD  
d. Is Residence within limits of a city or incorporated town? Yes  No   
STREET ADDRESS (If rural, give location). 806 COLLEGE

3. NAME OF DECEASED  
a. (First) LORAINÉ b. (Middle) B. c. (Last) PAGE  
4. DATE OF DEATH (Month), (Day) (Year) NOV. 14 1955

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH March 18, 1907 9. AGE (In years last birthday) 48 10. MONTHS 48 11. DAYS 48 12. HOURS 48 13. MIN. 48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Page 13b. MOTHER'S MAIDEN NAME Viola Ridgeway 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 491-03-6159NO. 17. INFORMANT'S SIGNATURE OR NAME MRS. CHAS. MAHAN ADDRESS SPRINGFIELD, MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Carcinomatosis 1 yr  
DUE TO (c) Carcinoma of Ampulla Vater 14 months  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 155X

19a. DATE OF OPERATION 9-7-54 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ampulla Vater with metastasis 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., on or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec 4, 1954, to Nov. 14, 1955, that I last saw the deceased alive on Nov. 14, 1955, and that death occurred at 10:30p., from the causes and on the date stated above.

23a. SIGNATURE Mrs. Clark (Degree or title) \_\_\_\_\_ 23b. ADDRESS M.D. 1630 N Jefferson 23c. DATE SIGNED 11-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 11/16/55 24c. NAME OF CEMETERY OR CREMATORY Maple Park 24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 11-15-55 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS SPRINGFIELD, MO.

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

**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.