No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36814

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Center Twp
c. LENGTH OF STAY (in this place) 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Vernon
c. CITY OR TOWN Nevada
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Rt. # 3 1080

3. NAME OF DECEASED (Type or Print)
a. (First) Nettie
b. (Middle) Mae
c. (Last) Page

4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1956

5. SEX F
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 3-31-1876
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and State or Foreign Country) Hoyt, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward R. Rogers
13b. MOTHER'S MAIDEN NAME Mary Jane Plank
14. NAME OF HUSBAND OR WIFE Charles Albert Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas Hawk — ADDRESS Rt. #3, Nevada, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* Oct 26 1956, *to* _____, 19__, *that I last saw the deceased alive on* Oct 26, 1956 *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Roy W. Pearl MD
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 10/31/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-27-56
24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery
24d. LOCATION (City, town, or county) (State) Tecumseh, Oklahoma

DATE REC'D BY LOCAL REG. 11-1-1956
REGISTRAR'S SIGNATURE Anna J. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home — ADDRESS Nevada, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

451 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address Nevada M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.