

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15905

State File No. _____

FILED MAY 6 - 1957

BIRTH NO. 28319-57 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. EE 54

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

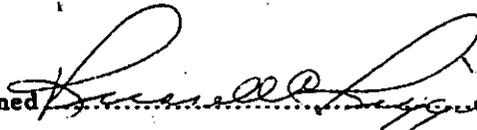
1. PLACE OF DEATH a. COUNTY SULLIVAN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN		
b. CITY OR TOWN MILAN,		c. LENGTH OF STAY (in this place) 1 hr. 35 min	c. CITY OR TOWN MILAN,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEM. HOSP.			e. STREET ADDRESS (If rural, give location) 105⁰		
3. NAME OF DECEASED (Type or Print) a. (First) BABY		b. (Middle) * GIRL	c. (Last) PAGE		4. DATE OF DEATH (Month) (Day) (Year) 4-29-1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 4-29-1957	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) D MTS COURT		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME EARLIN PAGE		13b. MOTHER'S MAIDEN NAME LORETTA REED		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Earlin Page ADDRESS CORA, 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) congenital debility ANTECEDENT CAUSES Premature Birth 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.			INTERVAL BETWEEN ONSET AND DEATH 30 min.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) (Min)
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-29-1957 , to 4-29-1957 , that I last saw the deceased alive on 4-29-1957 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. W. Simpson D.O.		23b. ADDRESS Milans		23c. DATE SIGNED 5-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-30-57	24c. NAME OF CEMETERY OR CREMATORY Not given	24d. LOCATION (City, town, or county) (State) Milans, Mo		
DATE REC'D BY LOCAL REG. 5-3-57		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Lewis ADDRESS Milans	

525

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not}
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 3772
P. O. Address Melan Me.....

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.