

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44186

BIRTH NO. _____		REG. DIST. NO. <u>40</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>103</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before administration). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo.</u>		c. LENGTH OF STAY (If this place) <u>8 days</u>		c. CITY OR TOWN <u>Fayette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>409 W. Walnut</u> <u>0576</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>KATHERINE</u>		c. (Last) <u>PAGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 5, 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 14, 1868</u>			
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Riley Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Rachel Susan Burks</u>			14. NAME OF HUSBAND OR WIFE <u>William Henry Page</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. H. Page</u>			ADDRESS <u>409 W. Walnut Fayette</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascula accident</u>					<u>24 hr</u>		
		ANTECEDENT CAUSES DUE TO (b) <u>auricular fibrillation</u>					<u>2 months</u>		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>arteriosclerotic heart disease</u>					<u>indef.</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>home</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>mid</u>		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 <u>Nov 27, 1957</u> , to <u>Dec 5, 1957</u> , that I last saw the deceased alive on <u>Dec 5, 1957</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. J. Shaw, Jr. M.D.</u>				23b. ADDRESS <u>Lee Hospital, Fayette, Mo.</u>		23c. DATE SIGNED <u>12-7-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/8/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-7-57</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Cass Fayette, Missouri</u>					

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

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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 *Ralph A. Carr* .....

Licensed Embalmer No. *3340* .....

P. O. Address *Jayette, Mo.* .....

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.