

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40

FILIED FEB 10 1958

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 4002 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRASHEAR		c. CITY OR TOWN BRASHEAR	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Block N. of Square		d. STREET ADDRESS (If outside, give location) 10	
3. NAME OF DECEASED (Type or print) First ELMER Middle CALVIN Last PAGE, SR.		4. DATE OF DEATH Month JAN Day 30 Year 1958	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JUNE 15, 1900
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK	9b. KIND OF BUSINESS OR INDUSTRY LUMBER	9c. BIRTHPLACE (City and state or country) ADAIR COUNTY, Mo.	9d. AGE (In years last birthday) 57
10a. CITIZEN OF WHAT COUNTRY? U.S.		11. CITIZEN OF WHAT COUNTRY? U.S.	
12. FATHER'S NAME ROBERT PAGE		13. MOTHER'S MAIDEN NAME ANNA DAY	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		15. SOCIAL SECURITY NO. 542-05-6393	
16. INFORMANT MRS. JACK PAGE		17. ADDRESS BRASHEAR, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary disease			1 yr.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201
20c. TIME OF INJURY Hour 9:00 Month Jan Day 30 Year 1958 a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 14-57 to Jan 30-58 and last saw ^{hear} him alive on Jan 30-58 Death occurred at 9:00 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE RO Stuckler MD (Degree or title)		22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 2-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB 2, 1958	23c. NAME OF CEMETERY OR CREMATORY BRASHEAR	23d. LOCATION (City, town, or county) (State) BRASHEAR Missouri
24. FUNERAL DIRECTOR Kelley Rogers ADDRESS Brashear, Mo		25. DATE RECD. BY LOCAL REG. 2-7-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE-ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FEB 18 1958

MAR 12 1958

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 *Richard B. Kelly*.....

Licensed Embalmer No. *44*

P. O. Address *Eli...*

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