Health, Welfare Public Service

300 1-57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004808
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN: Eldorado Springs — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hartley Nursing Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada 1046 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R#1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Pearl Middle: Elizabeth Last: Page

4. DATE OF DEATH Month: February Day: 12 Year: 1959

5. SEX: Fr

6. COLOR OR RACE: Wh

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: August 5, 1876

9. AGE (In years last birthday): 82 — 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: Own home

11. BIRTHPLACE (City and state or country): Harbine, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Dugger

13b. MOTHER'S MAIDEN NAME: Annie W. Ward

14. NAME OF HUSBAND OR WIFE: William Henry 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: Page Fletchall Address: Nevada, Missouri R#3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Previous strokes & arteriosclerosis, several yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331A

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 4-4-58, to 2-12-59 and last saw her/him alive on 2-1-59
Death occurred at 5 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. H. Sunderwirth DO (Degree or title)

22b. ADDRESS: El Dorado Springs, Mo.

22c. DATE SIGNED: 2-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1959 February 14

23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park

23d. LOCATION (City, town, or county) (State): Nevada Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri

25. DATE RECD. BY LOCAL REG.: 2-25-59

26. REGISTRAR'S SIGNATURE: Georgine Hafner

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C.H. SUNDERWIRTH DO

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 George W. Mufer

Licensed Embalmer No. 2742

P. O. Address El Dorado Springs

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.