

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006308

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 24

300
1-57

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Boston, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Length of stay in lb 3 Weeks	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alfred Middle Perry Last Page				4. DATE OF DEATH Month February Day 17 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 23, 1884		9. AGE (In years last birthday) 74	10. F UNDER 1 YEAR 3	11. IF UNDER 24 HRS. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY (Retired Farmer)		11. BIRTHPLACE (City and state or country) Milan, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Abner Page			13b. MOTHER'S MAIDEN NAME Mathilda Johnson			14. NAME OF HUSBAND OR WIFE Mrs. Mollie L. Page		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Mollie L. Page, Address New Boston, 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) Hemorrhage from esophageal varices DUE TO (b) Cirrhosis, portal of liver DUE TO (c) Arteriosclerosis generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 48 hrs. unk.	
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.)					
20c. TIME OF INJURY Hour _____ 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 Nov 1958 to Feb 17, 1959 and last saw him alive on Feb 16 1959 Death occurred at 12:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John R. Dyer M.D. (Degree or title)				22b. ADDRESS Bushfield Mo			22c. DATE SIGNED 2-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY New Boston Cemetery		23d. LOCATION (City, town, or county) (State) New Boston, Missouri			
24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 2-19-59		26. REGISTRAR'S SIGNATURE Brookie Owens		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

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 *E. A. [unclear]*

Licensed Embalmer No. 4037.....

P. O. Address. Bucklin, Missouri

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.