

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013811
STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 66

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo		c. CITY OR TOWN Purcell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp.		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb I Week		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Rowland Edgar Page			4. DATE OF DEATH Month Day Year April 20, 1959		
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5. SEX Male 0	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 March 7, 1902	9. AGE (In years at birthday) 57	F UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY City Marshall	11. BIRTHPLACE (City and state or country) Coffeerville, Kans.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Frank Page	13b. MOTHER'S MAIDEN NAME Anna Morris	14. NAME OF HUSBAND OR WIFE Bertha Faye Page
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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. 447-03-0099	17. INFORMANT Max Page Purcell, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>6 days</u> <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Thrombosis</u>	
	DUE TO (c) <u>Atherosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332 X</u>		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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>4-18-59</u> to <u>4-26-59</u> and last saw ^{her} _{him} alive on <u>4-19-59</u> Death occurred at <u>1.05</u> a <u>a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>C.F. Gregory</u> (Degree or title) <u>MD 2</u>	22b. ADDRESS <u>624 W. Broadway, Webb City, Mo.</u>	22c. DATE SIGNED <u>4/20/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 23, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friends Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Purcell, Mo</u>
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24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home Webb City, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Siviter</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
C.F. Gregory-D.O.

JUL 21 1959

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 G. Lewis

Licensed Embalmer No. 4402

P. O. Address Webb City, 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.