

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020356  
STATE FILE NUMBER

COOPER  
V. S. 300  
Rev. 1-57

FILED JUN 17 1959 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Butler</u>
c. FULL NAME OF (If NOT <u>Medical</u> , give location) HOSPITAL OR INSTITUTION <u>Butler Hosp.</u>		Length of stay in 1b <u>1 mo.</u>	d. STREET ADDRESS (If outside, give location) <u>W. Lee</u>
3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Elfie</u> Last <u>Page</u>			4. DATE OF DEATH Month <u>6</u> - Day <u>12</u> - Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-10-1872</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>86</u>
11. BIRTHPLACE (City and state or country) <u>Bates Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George W. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Wells</u>	
14. NAME OF HUSBAND OR WIFE <u>Herbert E. 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 <u>Harley H. Page</u> Address <u>Butler Mo.</u>	
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 CORONARY THROMBOSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIO-SCLEROSIS</u>			<u>UNDET.</u>
DUE TO (c) <u>GENERALIZED ARTERIO-SCLEROSIS</u>			<u>UNDET.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>SENILITY</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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 <u>6-2-1950</u> to <u>6-12-1959</u> and last saw her alive on <u>6-12-1959</u> Death occurred at <u>1:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John M. Cooper M.D.</u>		22b. ADDRESS <u>BUTLER, MO</u>	22c. DATE SIGNED <u>6-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Round Prairie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bates Co. Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Huber-Underwood Butler Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 13-59</u>	26. REGISTRAR'S SIGNATURE <u>Kendall Kersey</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS (1949).  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms must 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 *Robert J. Steinhilber* .....

Licensed Embalmer No. *4652* .....

P. O. Address *Bethesda, Md.* .....

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.