

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025777

FILED VS AUG 9 1960

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 97

STATE FILE NUMBER

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>Cass</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Pleasant Twp.</u>		Length of stay in 1b <u>2 Hrs.</u>		c. CITY OR TOWN <u>Garden City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Butler Speedway</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 miles south</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>Lee</u> Last <u>Page</u>				4. DATE OF DEATH Month <u>7</u> Day <u>30</u> Year <u>1960</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/25/1919</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Aaron, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Lee Roy Page</u>			13b. MOTHER'S MAIDEN NAME <u>Roxie May Brinagar</u>			14. NAME OF HUSBAND OR WIFE <u>Mary I. Page</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>			16. SOCIAL SECURITY NO. <u>496-05-7174</u>		17. INFORMANT <u>Mrs. Mary I. Page</u>			Address <u>Garden City, Missouri</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>Skull fracture.</u> DUE TO (b) <u>Accidental injury.</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>Two weeks</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Hit by flying fence post.</u>									
20c. TIME OF INJURY <u>9:30 p.m.</u>		Hour <u>7</u> Month <u>30</u> Day <u>60</u> Year <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home track.</u>		20f. CITY, TOWN OR LOCATION <u>Butler Bates Mo.</u>	
21. I attended the deceased from <u>9:30 A.</u> to <u> </u> and last saw her/him alive on <u> </u> . Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Douglas Howard</u>				22b. ADDRESS <u>Butler, Mo</u>				22c. DATE SIGNED <u>8/2/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/2/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>			23d. LOCATION (City, town, or county) (state) <u>Garden City, Missouri</u>				
24. FUNERAL DIRECTOR <u>Atkinson-Dickey</u>				ADDRESS <u>Garden City, Mo. Aug. 2-1960</u>		25. DATE RECD. BY LOCAL REG. <u> </u>		26. REGISTRAR'S SIGNATURE <u>Kendall Perry</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J 1967

78

AUG 9 1960

MAR 1960

SEP 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

 , Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4685

P. O. Address Harden Co

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.