URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS OCT 28 1960

-60-039202

STATE FILE NUMBER

ENDED

Registration District No. 267 Primary Registration District No. 349 Registrar's No. 169

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Lilbourn
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Henry Middle Fay Last Page

4. DATE OF DEATH Month October Day 20 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Infant

8. DATE OF BIRTH 10-8-60

9. AGE (last birthday) IF UNDER 1 YEAR Months Days 12 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Portageville, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Lonzo Page

13b. MOTHER'S MAIDEN NAME Avie Vincent

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Avie Page Address Lilbourn, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infectious diarrhea — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

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 Portageville COUNTY New Madrid STATE Mo.

21. I attended the deceased from 19 Oct. 60, to 20 Oct and last saw her/him alive on 20 Oct 1960

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. Painter Jr. (Degree or title) MD

22b. ADDRESS Portageville, Mo.

22c. DATE SIGNED 21 Oct. '60

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

23b. DATE 10-21-60

23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery

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

24. FUNERAL DIRECTOR DeLisle Funeral Home ADDRESS Portageville, Mo.

25. DATE RECD. BY LOCAL REG. 10-25-60

26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.