

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045470

STATE FILE NUMBER

AMENDED

Primary Registration District No. 5667 Registrar's No. 145

FILED DEC 20 1961

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lincoln</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Bedford Twp.</u>		c. CITY OR TOWN <u>Troy</u>	
Length of stay in lb <u>12 Hrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Downing St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>Bertha</u> Middle <u>Lee</u> Last <u>Page</u>			<b>4. DATE OF DEATH</b> Month <u>December</u> Day <u>8</u> Year <u>1961</u>		
------------------------------------------------------------------------------------------------------	--	--	-----------------------------------------------------------------------------	--	--

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10/20/88</u>	<b>9. AGE (last birthday)</b> <u>73</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
--------------------------------	-----------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	--------------------------------------------	---------------------------------------------------	-------------------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Lincoln Co. Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------------------------

<b>13a. FATHER'S NAME</b> <u>James W. Bell</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Laura K. Moriarty</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fred Page</u>
---------------------------------------------------	--------------------------------------------------------------	--------------------------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	<b>17. INFORMANT</b> Address <u>Ernest Bell, Troy, Missouri.</u>
---------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accidents</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>12 Hrs</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
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____
----------------------------------------------------------	------------------------

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	--------------------------------------------------

21. I attended the deceased from 12/8/61 9 am to 12/8/61 and last saw <sup>her</sup>~~him~~ alive on 12/8/61  
 Death occurred at 8:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>J. Grech M.D.</u>	<b>22b. ADDRESS</b> <u>Troy, Missouri</u>	<b>22c. DATE SIGNED</b> <u>12/9/61</u>
-----------------------------------------------------------------	----------------------------------------------	-------------------------------------------

<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>12/11/61</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Sulphur Lick Cem.</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Lincoln Co. Missouri</u>
-------------------------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------	-------------------------------------------------------------------------------------

<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Kemper-Marsh Funeral Home, Troy, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-12-1961</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Charlotte Leek</u>
------------------------------------------------------------------------------------	----------------------------------------------------------	-----------------------------------------------------------

DATE AMENDED  
INSTEAD OF  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION

DEC 22 1961

JUL 19 1962

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.