

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23571**
Registrar's No. **3255**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Mission Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 5514 - W. 62nd. St.	
3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) P. c. (Last) PAGE			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-3-1874
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank A. Miller		13b. MOTHER'S MAIDEN NAME Virginia Villian	14. NAME OF HUSBAND OR WIFE Albert Page
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Virginia Page - Mission, Ka.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:40 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> , to <u>July</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>49</u> , and that death occurred at <u>4:30</u> a.m., from the causes and on the date sigted above.			
23a. SIGNATURE G.R. Mabor		23b. ADDRESS Mission Mo.	23c. DATE SIGNED 7/27/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-29-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R Han Shiffert - Mission, Kansas	
DATE REC'D BY LOCAL REG. 7-27-49		REGISTRAR'S SIGNATURE Seraldine Holmes	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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, ~~as~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Harold B. Colterman*

Licensed Embalmer No. 3035

P. O. Address *C. P. Davis*

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 this body is not embalmed, fact should be so stated above.