

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27507

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>174</u>	PRIMARY REG. DIST. NO. <u>3035</u>	Registrar's No. <u>90</u>
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <u>0542</u>		
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>822 South Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>822 South Street</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>822 South Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>WASHINGTON</u>		c. (Last) <u>PAGE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August 12 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1875</u>	9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (State or foreign country) <u>Dover, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Page</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine King 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'S SIGNATURE OR NAME ADDRESS <u>Mrs. Catherine Page Lexington, Miss</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 MOS.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis &</u> DUE TO (c) <u>chronic myocarditis</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>
22. I hereby certify that I attended the deceased from <u>May 12, 1951</u> , to <u>Aug. 11, 1951</u> , that I last saw the deceased alive on <u>Aug. 11, 1951</u> , and that death occurred at <u>3:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Ben H. Brache</u>		23b. ADDRESS <u>M.D. Lexington, Mo.</u>		23c. DATE SIGNED <u>8/13/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>
24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mervin E. Stabuck, Funeral Director, Lexington, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 16 1951</u>		REGISTRAR'S SIGNATURE <u>Mervin E. Stabuck</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mervin E. Stabuck, Funeral Director, Lexington, Missouri</u>

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

0542

RECEIVED 8-22-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-22-51 _____

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 _____

Forrest Johnson
_____ working under my personal supervision.

Student Embalmer No. *727*

Student *Forrest Johnson*
_____ Student Embalmer

Signed *S. W. McLean*

Licensed Embalmer No. *2983*

P. O. Address *Belington, Virginia*

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.