

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20777**

FILED JUL 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **710**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Elwood</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>10th &amp; Atlantic</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MYRTLE</b> b. (Middle) <b>JOSEPHINE</b> c. (Last) <b>PAGE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>May 27, 1904</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Leavenworth, Kan.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Peter Greenwood</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Bell Talbort</b>		14. NAME OF HUSBAND OR WIFE <b>Everett H. Page</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rev. Everett H. Page, Elwood, Kans.</b>	

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) <b>Auricular Fibrillation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cardiac Decompensation</b>		<b>1 wk.</b>	
		DUE TO (c) <b>Hypertension</b>		<b>3 mos.</b>	
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		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) (Min.)		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 **June 12, 1953**, to **June 16, 1953**, that I last saw the deceased alive on **June 16, 1953**, and that death occurred at **11:00A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. J. J. Johnson M.D.</b>		23b. ADDRESS <b>420 No. 8th St., City</b>		23c. DATE SIGNED <b>6-20-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 19, 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>June 29, 1953</b>		REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>		485	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. Alexander</b>		ADDRESS <b>1602 Measmore St. City</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 8 1954

JUL 6 1954

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 .....  
Student Embalmer

Signed.....

*Wm. H. Alexander*

Licensed Embalmer No. 4450

P. O. Address St Joseph, Mo

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.