No. 300
10.48

FILED AUG 17 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

28339

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 755

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1914 N. Jefferson

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1914 J. Jefferson 0396

**3. NAME OF DECEASED** (Type or Print)
a. (First): THOMAS
b. (Middle): WILLIAM
c. (Last): PAGE

**4. DATE OF DEATH** (Month) (Day) (Year): August 10 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 20 Sept. 1894
**9. AGE** (In years last birthday): 59 — 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): Boiler-Maker R.Road
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Charles W. Page
**13b. MOTHER'S MAIDEN NAME**: Childs
**14. NAME OF HUSBAND OR WIFE**: Phoebe L. Page
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Phoebe Page — ADDRESS: Springfield, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of myocardium due to arteriosclerotic coronary — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatic heart disease, mitral with congestive failure

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11-23, 1951, *to* 8-10, 1953, *that I last saw the deceased alive on* 6-15, 1953, *and that death occurred at* 10:20 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Glenn O.T. Miner, M.D.
**23b. ADDRESS**: Springfield, Mo.
**23c. DATE SIGNED**: 8/12/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8-12-53
**24c. NAME OF CEMETERY OR CREMATORY**: Greenlawn Cemetery
**24d. LOCATION** (City, town, or county) (State): Springfield Mo

**DATE REC'D BY LOCAL REG.**: 8-12-53
**REGISTRAR'S SIGNATURE**: Ruth Williamson
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: J.W.KLINGNER & CO. Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1955

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ogle Stone Jr.

Licensed Embalmer No. 4126

P. O. Address Springfield

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