

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 1068

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Faucett-Crawford Twp</u>)		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give townable! OR TOWN <u>Faucett - Crawford Twp.</u>)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delivery</u>			d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSALIA</u> b. (Middle) _____ c. (Last) <u>PAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-26-1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work for the most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Conception Junct., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Brice H. Alsbury</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Casteel</u>	14. NAME OF HUSBAND OR WIFE <u>John Page (de)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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 AND ADDRESS <u>Mrs. Charles Helton, Faucett</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 10, 1950, to Oct 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 5:50 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Durham M.D.</u> (Degree or title)	23b. ADDRESS <u>Warren Mo</u>	23c. DATE SIGNED <u>10-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrenwood, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 7, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathryn M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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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 *John E. Scupp* _____

Licensed Embalmer No. *3986* _____

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.