

**STANDARD CERTIFICATE OF DEATH**

State File No. **11078**

FILED APR 28 1954 REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5008** Registrar's No. **96**

|   |                               |   |  |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Walnut Twp.</b>         |                               | c. LENGTH OF STAY (in this place) <b>40 yrs.</b>  |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Walnut Twp.</b>         |                               | d. STREET ADDRESS (If rural, give location) <b>Castle Route 3, Green Castle</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 12 mi. So. of Green</b>                                       |                               | 4. DATE OF DEATH <b>Apr. 18, 1954</b>   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Amanda</b> b. (Middle) <b>Jane</b> c. (Last) <b>Page</b> |                               | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b>   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 8. DATE OF BIRTH <b>Oct. 7, 1866</b>  | 9. AGE (In years last birthday) <b>87</b>  |
| 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>Farm home</b>  | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>                                  |
| 13a. FATHER'S NAME <b>James Anderson Guffey</b>   |                               | 13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Magee</b>  | 14. NAME OF HUSBAND OR WIFE <b>John M. 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 <b>Mrs. Ross Hampton</b> ADDRESS <b>Green Castle, Mo</b> |

|   |  |   |  |   |
|---|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary sclerosis</b>                           |  | INTERVAL BETWEEN ONSET AND DEATH <b>18 months</b> |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |

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|--|--|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION <b>4201</b>   | 20. AUTOPSY?<br>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) 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 **April 20, 1953**, to **April 18, 1954**, that I last saw the deceased alive on **April 17, 1954**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

|   |                                    |  |
|---|------------------------------------|--|
| 23a. SIGNATURE <b>R.D. Smith D.D.</b>                                 | 23b. ADDRESS <b>Green City, Mo</b> | 23c. DATE SIGNED <b>4/20/54</b>                              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>               | 24b. DATE <b>April 21, 1954</b>    | 24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b> |
| 24d. LOCATION (City, town, or county) (State) <b>Sullivan Co. Mo.</b> |                                    |  |

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <b>4-23-54</b> | REGISTRAR'S SIGNATURE <b>Kate Lambert's</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent &amp; Son</b> ADDRESS <b>Green City, Mo.</b> |
|---|---|--|

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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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