

STANDARD CERTIFICATE OF DEATH

State File No. 28966

FILED SEP 3-1952

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052 Registrar's No. 272

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD—SEEK THE FUNERAL HOME

1. PLACE OF DEATH

a. COUNTY **Pettis**

b. CITY (If outside corporate limits, write RURAL and give township) **Sedalia**

c. LENGTH OF STAY (In this place) **Life**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Bothwell Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Pettis**

c. CITY (If outside corporate limits, write RURAL and give township) **Sedalia**

d. STREET ADDRESS (If rural, give location) **623 East 13th St.,**

3. NAME OF DECEASED

a. (First) **EUPHEMIA** b. (Middle) **H.** c. (Last) **PAGE**

(Type or Print)

4. DATE OF DEATH

(Month) **August** (Day) **26** (Year) **1952**

5. SEX **Fe**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 5, 1866

9. AGE (In years last birthday)

85

IF UNDER 1 YEAR: Months **0** Days **0**

IF UNDER 6 MOS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Bellaire, Ohio

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Highlyman Richard Highlyman**

13b. MOTHER'S MAIDEN NAME **Margaret Brady**

14. NAME OF HUSBAND OR WIFE **Heber Page**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. Wilbur S. Elliott, Dallas, Tex

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) **Crown artery Embolizing**

ANTECEDENT CAUSES

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

DUE TO (b) **Badly healed hip.**

DUE TO (c) **Advanced age**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Two hours

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)

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 **8-22-1952** to **8-26-1952** and that I last saw the deceased alive on **8-26-1952** and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) **A. J. Campbell, M.D.**

23b. ADDRESS **Sedalia, Mo.**

23c. DATE SIGNED **8-28-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Aug. 27, 1952**

24c. NAME OF CEMETERY OR CREMATORY **Crown Hill**

24d. LOCATION (City, town, or county) (State) **Sedalia, Mo**

DATE REC'D BY LOCAL REG. **8-28-52**

REGISTRAR'S SIGNATURE **A. J. Campbell**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. Weckert Sedalia, Mo**

SEP 18 1908

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 _____

O.W. Heekart

Licensed Embalmer No. 3470

P. O. Address Sedalia

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.