

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

**9127**

State File No. ....

No. 300  
10-48

**FILED MAR 16 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 100

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>JASPER</b>		a. STATE <b>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		b. COUNTY <b>JASPER</b>	
c. LENGTH OF STAY (in this place) <b>YEARS</b>		c. CITY OR TOWN <b>JOPLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>2131 N. ST. LOUIS AVE.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>2131 N. ST. LOUIS AVE.</b>		(If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>CLARENCE</b>	b. (Middle) <b>EDWIN</b>	c. (Last) <b>PAGE</b>	<b>MAR. 3, 1954</b>		

<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>MAR. 1, 1882</b>	<b>9. AGE</b> (In years last birthday) <b>72</b>	<b>IF UNDER 1 YEAR</b> Months <b>2</b>	<b>IF UNDER 24 HRS.</b> Days <b>2</b>	<b>IF UNDER 12 HRS.</b> Hours <b>Min.</b>
---------------------------	-------------------------------------	---	--	---	--	---	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>NURSERYMAN</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>NURSERYMAN</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MUSCATINE, IOWA</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
---	---	---	---

<b>13a. FATHER'S NAME</b> <b>JAMES W. PAGE</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ANNA M. REWLING</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>MARIE PAGE</b>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>	<b>16. SOCIAL SECURITY NO.</b> <b>UNK</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MARIE PAGE</b>	<b>ADDRESS</b> <b>2131 N. ST. LOUIS AVE.</b>
---	--	---	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>  <b>5 years</b>  <b>3 years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypostatic pneumonia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerotic heart disease</b> and DUE TO (c) <b>Pulmonary Tuberculosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>002 X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
--	---	-----------------------------------

**22. I hereby certify that I attended the deceased from 11-17, 1948, to 3-3, 1954, that I last saw the deceased alive on 3-3, 1954, and that death occurred at 5:45 P. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Tom Ferguson</i>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>Webb City, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3/5/54</b>
--	--------------------------------	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>3-5-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MT. HOPE CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>
---	-----------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>3-9-54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Ed. B. James</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>STEVE PARKER MORTUARY, JOPLIN, Mo.</b>	<b>ADDRESS</b>
--	---	--	----------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAR 15 1954  
Jasper County Health Office.

County File Number 54-3-127  
Date Filed MAR 15 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.....  
Signature of Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 271

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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