

No. 30  
10. 48

FILED JUN 28 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **18322**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **6012** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>	
c. LENGTH OF STAY (in this place) <b>18 years</b>		d. STREET ADDRESS (If rural, give location) <b>314 West Excelsior St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>314 West Excelsior St.</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>314 West Excelsior St.</b>	

3. NAME OF DECEASED (Type or Print) <b>FOREST</b>	a. (First) <b>L.</b>	b. (Middle) <b>PAGE</b>	c. (Last) <b>PAGE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 22, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 18, 1875</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>4</b>	IF UNDER 1 MIN. Hours <b></b>	IF UNDER 1 MIN. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>		11. BIRTHPLACE (State or foreign country) <b>Boone, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>		

13a. FATHER'S NAME <b>Wesley Page</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Boone</b>	14. NAME OF HUSBAND OR WIFE <b>Mable Struck Page</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mable Page, 314 W. Ex. St. Ex. S.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 min</b> <b>10 yrs</b> <b>5 yrs</b> <b>50 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ventricular hypertrophy and coronary sclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial damage and its suppression</b> DUE TO (c) <b>obesity marked</b>		
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 <b>4201</b>	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)	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 **5-1** 19**54**, to **5-22** 19**54**, that I last saw the deceased alive on **5-21** 19**54**, and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Doris H. Huggins M.D.</b>	23b. ADDRESS <b>Excelsior Springs Mo.</b>	23c. DATE SIGNED <b>5-27-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>May 23/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Boone Squire Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>Boone, Iowa</b>
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DATE REC'D BY LOCAL REG. <b>6/2/54</b>	REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hope Funeral Home, Ex. Spgs. MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6002

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.