

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14372

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>843</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived or institution residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>14 days</u>		c. CITY OR TOWN <u>Slater</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Fitzgibbon Hospital</u>				STREET ADDRESS (If rural, give location) <u>114 South Emerson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SHERWOOD</u>		b. (Middle) <u>PAGE</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>5-1-55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED WIDOWER DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 21-1886</u>	
9. AGE (In years last birthday) <u>68-9-10</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>492-14-525</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>near Slater, Saline Co, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin F Page</u>		13b. MOTHER'S MAIDEN NAME <u>Charity Elby Johnson</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-14-225</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lura Page, Slater, Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myo Carditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 MO</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. <u>Myocardial infarction</u>				<u>2 WTC</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Reflex thrombus of splenic artery</u>				20. AUTOPSY? 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) _____		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 <u>55 May 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 30</u> , 19 <u>55</u> and that death occurred at <u>3:00 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) _____		23b. ADDRESS <u>Marshall Mo 572455</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City, Slater Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>5-3-55</u>		REGISTRAR'S SIGNATURE <u>Cecil J. Reed Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Slater Mo</u>			

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.....
Signature of Student Embalmer

Signed *James E. [Signature]*.....

Licensed Embalmer No. *3*.....

P. O. Address *State*.....

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.