

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1586

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 655 Registrar's No. 281

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place) <u>13</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Box 318</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium,</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clabron</u>	b. (Middle)	c. (Last) <u>Majority</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 27 - 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-3-25</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Elijah C. Majority</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Young</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-22-6497</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Mac Michael, Mt. Vernon, Mo.</u>	ADDRESS <u>Record Clerk</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		<u>About 4 years.</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>DOZ X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 6-4-, 1949, to 12-27-, 1949, that I last saw the deceased alive on 12-27-49, 1949, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. Brasler M.D.</u>	23b. ADDRESS <u>Mount Vernon, Mo.</u> <u>Missouri State Sanatorium</u>	23c. DATE SIGNED <u>12-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not known</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Cecil Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo B Orr</u>	ADDRESS <u>Mount Vernon Mo</u>
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RECEIVED JAN 9 1950

District Health, Office No. 6,

District File Number 150-3

Date Filed ~~12~~ - 1 - 3 - 50

JAN 17 1950

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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address W. Vernon No

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.