

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24100
Registrar's No. 40

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>East Prairie</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>East Prairie Mo 71</i>	
c. LENGTH OF STAY (in this place) <i>45 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>ROBERT</i> b. (Middle) <i>KINDRED</i> c. (Last) <i>MAJORS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 30, 1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 9, 1878</i>
9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>21</i>	IF UNDER 4 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Winchester, Texas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Alex Majors</i>	13b. MOTHER'S MAIDEN NAME <i>Iressa Smith</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Myrtle Majors</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give war or dates of service) <i>Spanish American</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Webb DeFields - East Prairie, Mo.</i>	
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) <i>Coronary Heart Disease</i> ANTECEDENT CAUSES Morbidity 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. <i>4501</i> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 from <i>May 25 - 1950</i> , to <i>June 30, 1950</i> , that I last saw the deceased alive on <i>June 30, 1950</i> , and that death occurred at <i>12:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>A. J. Martin</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>East Prairie Mo</i>	23c. DATE SIGNED <i>7-5-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 2, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>W.O.W. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>East Prairie, Mo</i>
DATE REC'D BY LOCAL REG. <i>7/11/1950</i>	REGISTRAR'S SIGNATURE <i>Anna Harp</i>	197 FUNERAL DIRECTOR'S SIGNATURE <i>Waverly Shelby</i>	ADDRESS <i>East Prairie</i>

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

AUG 17 1950

JUL 14 1950

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 14 1950

AUG 2 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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo.

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.