

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25038

State File No. \_\_\_\_\_

318

1003

6347

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Mississippi			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 47 days		c. CITY OR TOWN East Prairie		0691					
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital				d. STREET ADDRESS (If rural, give location) /							
3. NAME OF DECEASED (Type or Print) David			a. (First)		b. (Middle) Majors		c. (Last)				
4. DATE OF DEATH July 23, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 9, 1934		9. AGE (In years last birthday) 16		10. MONTHS	11. DAYS	12. HOURS	13. MIN.
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 9, 1934		9. AGE (In years last birthday) 16		10. MONTHS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) East Prairie, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Herschel Majors			13b. MOTHER'S MAIDEN NAME Lera Parker			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Angela Taylor, 3649 Vista Ave St. Louis Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ABSCESS OF RIGHT CEREBELLUM</u>						INTERVAL BETWEEN ONSET AND DEATH <u>UNDETERMINED</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RIGHT MASTOIDITIS</u>						2mo.			
		DUE TO (c)									
		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						20. AUTOPSY? YES <input checked="" 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) 342X		21d. (COUNTY) Mississippi		21e. (STATE) Missouri			
21d. TIME OF INJURY		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 <u>June 7</u> , 19 <u>50</u> , to <u>July 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 23</u> , 19 <u>50</u> , and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE Thomas W. Parker M.D.				23b. ADDRESS 7660 Maryland St. Kansas City		23c. DATE SIGNED 7/24/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-24-50		24c. NAME OF CEMETERY OR CREMATORY East Prairie, Missouri		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. JUL 24 1950		REGISTRAR'S SIGNATURE J. B. Sauter			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-4700 Washington Blvd						

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.

Signed \_\_\_\_\_

*Robert M Murray*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.