

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **21949**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS 0690	
c. LENGTH OF STAY (In this place) 4 MO.		d. STREET ADDRESS (If rural, give location) WEST. MONROE 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALLEN HOME NURSING			

3. NAME OF DECEASED (Type or Print) a. (First) JUDITH b. (Middle) EMMA c. (Last) MAJOR			4. DATE OF DEATH (Month) (Day) (Year) JULY 28 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 1867 SEPT. 18		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEWORK	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. KIND OF BUSINESS OR INDUSTRY AT HOME	

13a. FATHER'S NAME DAVID DUNCAN		13b. MOTHER'S MAIDEN NAME MARGARET MORRIS		14. NAME OF HUSBAND OR WIFE JAMES COLEMAN MAJOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS CHAS. CONBOY PARIS, Mo	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH 5 yrs	

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cirrhosis of liver		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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) (Min.)		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 **Mar 15, 1951** to **July 25, 1951**, that I last saw the deceased alive on **July 25, 1951**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Kallenbach (Degree or title) M.D.		23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED July 30, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 30, 1951		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	
24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey Paris, Mo. ADDRESS			
DATE REC'D BY LOCAL REG. July 30-1951		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

1951 AUG 13 1951

Date Received: AUG 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-57-1398
Date Filed: AUG 6 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *E.A. Agnew*

Licensed Embalmer No. 4000

P. O. Address *Paris, Missouri*

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.