

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38572

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 20

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. CLAIR</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City Mo.</u>                                    |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location) <u>0950</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None.</u>  |  |  |  |

|  |                            |   |   |  |  |
|--|----------------------------|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Majors</u>  |                            |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27-51</u> |  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>MAR. 28 1905</u>                    | 9. AGE (In years last birthday) <u>46</u>                                  | 10. F UNDER 1 YEAR <u>7</u>                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>       |                            | 10b. KIND OF BUSINESS OR INDUSTRY                                     |   | 11. BIRTHPLACE (State or foreign country) <u>Appleton City Mo.</u>         | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Chas Beard</u>   |                            | 13b. MOTHER'S MAIDEN NAME <u>Nancy Coke</u>                           |   | 14. NAME OF HUSBAND OR WIFE <u>Ray Majors</u>                              |  |
| 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>No</u>                                     |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Mar Charles Wishart</u> ADDRESS _____ |  |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, 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>Carcinoma of liver (metastatic)</u>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of stomach</u><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION <u>151X</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 from 12 Apr, 1951, to 27 Nov, 1951, that I last saw the deceased alive on 26 Nov, 1951, and that death occurred at 4 1/2 m., from the causes and on the date stated above.

|  |   |  |
|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)                    | 23b. ADDRESS <u>Appleton City Mo.</u>         | 23c. DATE SIGNED <u>27 Nov 51</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                | 24b. DATE <u>11-29-51</u>                     | 24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>                              |
| 24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>Nov. 28, 1951</u>                          | REGISTRAR'S SIGNATURE <u>[Signature]</u> 285- | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Appleton City Mo.</u> |

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

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FILED DEC 6 1951

RECEIVED DEC 5 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 5 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 Oscar Eckhoff

Licensed Embalmer No. 3943

P. O. Address Appleton City, W.

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.