No. 300
10.48

FILED DEC 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39909

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 381

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Farmington - St. Francois Twp.
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elvins 0940
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lee b. (Middle) George c. (Last) Major
4. DATE OF DEATH: Nov. 25, 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 28, 1912
9. AGE (In years last birthday): 40 — If under 1 year: Months 6, Days 27 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter (finsher)
10b. KIND OF BUSINESS OR INDUSTRY: Knapp-Monarch
11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Luther Major
13b. MOTHER'S MAIDEN NAME: Sudie Nelms
14. NAME OF HUSBAND OR WIFE? LaVerne Major
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 497-07-0631
17. INFORMANT'S SIGNATURE OR NAME: Luther Major — ADDRESS: Elvins, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis & Collapse — INTERVAL BETWEEN ONSET AND DEATH: Nov 25, 52

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Atelectasis - multiple fracture of chest — Nov 22, 52
DUE TO (c) automobile accident — Nov Sept 22, 52

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: 194
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Francois Twp St. Francois, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 22, 52 1:15 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident.

22. I hereby certify that I attended the deceased from Nov 22, 1952, to Nov 25, 1952, that I last saw the deceased alive on Nov 25, 1952, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE: Paul D. Edgar, D.O. (Degree or title)
23b. ADDRESS: 17 S. Jackson Farmington Mo
23c. DATE SIGNED: Nov 26 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/52
24c. NAME OF CEMETERY OR CREMATORY: Park View
24d. LOCATION (City, town, or county) (State): Farmington, Mo.

DATE REC'D BY LOCAL REG.: Nov 26, 1952
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE: C. Z. Boyer & Son — ADDRESS: Desloge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1953

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.