

No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41357

State File No.

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6212 Registrar's No. 16

1090

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bacon Township</u>	c. LENGTH OF STAY (In this place) <u>28 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bacon Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>MAJORS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1952</u>
-------------------------------------	-------------------------	----------------------------	-------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>February 1, 1874</u>	9. AGE (In years last birthday) (Specify) <u>78 yrs</u>	10. UNDER 1 YEAR	11. UNDER 2 HRS.
--------------------	-------------------------------	---	--	---	------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Burnton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	---	--	--

13a. FATHER'S NAME <u>James Monroe</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Riskey</u>	14. NAME OF HUSBAND OR WIFE <u>Addie May Majors</u>
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>The Majors</u>	ADDRESS
---	-------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>5 yrs.</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none performed</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 Nov. 5, 1952, to Nov. 23, 1952, that I last saw the deceased alive on Nov. 22, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. O. Bjerke, P.D.</u> (Doctor or title)	23b. ADDRESS <u>Rockville, Mo.</u>	23c. DATE SIGNED <u>11/24/52</u>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alive Branch</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Nov. 24, 1952</u>	REGISTRAR'S SIGNATURE <u>Oliv B. Daily</u> 463	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u> ADDRESS <u>Schell City, Mo.</u>
---	--	---

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 *Marion M. Lewis*
Licensed Embalmer No. *3084*

P. O. Address *Schell City 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.