

FILED APR 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12924

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	c. LENGTH OF STAY (in this place) 10 weeks	c. CITY OR TOWN Doniphan (Rural)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		e. STREET ADDRESS (If rural, give location) 8 Miles East of Doniphan Mo., 0910 / 1	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) MAJORS		4. DATE OF DEATH (Month) (Day) (Year) April 8, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 28, 1884
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Rose Hill, Illinois
10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Majors	13b. MOTHER'S MAIDEN NAME Mary Sutton	14. NAME OF HUSBAND OR WIFE Goldie Majors
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-20-0736	17. INFORMANT'S SIGNATURE OR NAME Goldie Majors	ADDRESS Doniphan Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>coronary sclerosis & cardiac failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>uremia</i> <i>Senile Dementia</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Past 273 wks., 19____, that I last saw the deceased alive on 4-8-, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. E. Fenil M.D.</i>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <i>Rolla Mo.</i>	23c. DATE SIGNED <i>4-10-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 9, 1954	24c. NAME OF CEMETERY OR CREMATORY Bellview Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County Mo.
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DATE REC'D BY LOCAL REG. <i>Apr. 13, 1954</i>	REGISTRAR'S SIGNATURE <i>Nadine L. Stool</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul E. Bull</i>	ADDRESS Null & Sons Funeral Home Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed.....
Paul E. Nu

Licensed Embalmer No.
449

P. O. Address.....
Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.