

FILED JUN 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21521

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>EXCELSIOR SPRINGS HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>558 KANSAS CITY AVENUE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELIZABETH</u>		b. (Middle) <u>L.</u>		c. (Last) <u>MAJOR</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>18</u>		(Year) <u>1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 19, 1864</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLAY COUNTY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>B.G. FRAZIER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WHITE</u>		14. NAME OF HUSBAND OR WIFE <u>DR. A.C. MAJOR</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY HULL 558 K.C. AVE. EXCELSIOR SPRINGS, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sub-capital fracture of the left femur.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sev. days</u> <u>11 days</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>600</u>			
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 <u>6/8/55</u> , 19 <u>55</u> , to <u>6/18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/18/55</u> , 19 <u>55</u> , and that death occurred at <u>2:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. D. Excelsior Springs, Mo.</u> (Degree or title)				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>6/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>		24d. LOCATION (City, town, or county) (State) <u>KEARNEY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/21/55</u>		REGISTRAR'S SIGNATURE <u>Marlene Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLAUDE PRICHARD</u>		ADDRESS <u>EXCELSIOR SPRINGS, MO.</u>	

(Licensed Embalmer) Statement on Reverse Side

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

AUG 15 1925

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 *Lindell Jarman*

Licensed Embalmer No. *45*
P. O. Address *Excelsior Springs,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.