

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22878**  
REGISTRAR'S No. **845**

FILED AUG 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Odessa</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>9mo 20day</b>		e. STREET ADDRESS (If rural, give location) <b>Rura 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sta te Hospital No 2</b>		0540/	
3. NAME OF DECEASED (Type or Print) <b>Lucian</b>		a. (First) <b>Lucian</b>	b. (Middle) <b>Major</b>
c. (Last) <b>Major</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>A ug. 1 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-17-1878</b>
9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>F armer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>William Henry Major</b>		13b. MOTHER'S MAIDEN NAME <b>Sue Taylor</b>	14. NAME OF HUSBAND/OR WIFE <b>Mrs. Jean Major</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>494-40-6157</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucien Major, Odessa, Missouri</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <b>Arteriosclerosis &amp; Hypertension</b>	
DUE TO (c) <b></b>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>Semle Psychosis</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)	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 <b>Jan. 1, 1956</b> , to <b>Aug. 1, 1956</b> , that I last saw the deceased alive on <b>July 31, 1956</b> , and that death occurred at <b>8:50 A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Garrest Thomas M.D.</b>		23b. ADDRESS <b>Dr Jno M of State Hosp No 2</b>	23c. DATE SIGNED <b>8-1-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Aug. 1, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Odessa, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Aug 10, 1956</b>	REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton-Bowman Funeral Home St. Joseph</b>	

OCT 18 1958

OCT 27 1958

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 *William G. Ludwig*.....  
Licensed Embalmer No. 4535

P. O. Address 395 10th St. S. P.O.

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.