FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42487
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 325

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Woodland — Length of stay in 1b: 5 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly 0883 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 826 S. Clark — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: ARCH Middle: SCOTT Last: MAJOR

4. DATE OF DEATH Month: Dec Day: 16 Year: 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov-27-1884

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Laster (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Brown Shoe Co.

11. BIRTHPLACE (City and state or country): Howard County Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Major

14. MOTHER'S MAIDEN NAME: Sarah Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491-07-2437

17. INFORMANT Address: Mrs. Mardell Major Moberly Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): undetermined origin
DUE TO (c): 330X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): arterial hypertension duration unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 16 56, to Dec 16 56 and last saw ~~him~~ alive on Dec 16 56
Death occurred at 6:28 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clarence Cobbs MD

22b. ADDRESS: Moberly, Mo

22c. DATE SIGNED: Dec 17 56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec-19-1956

23c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

23d. LOCATION (City, town, or county) (State): Moberly Missouri

24. FUNERAL DIRECTOR ADDRESS: Cater Funeral Home Moberly MO

25. DATE RECD. BY LOCAL REG.: 12-19-56

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

69-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Cater

Licensed Embalmer No. 4/

P. O. Address Moberly

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.