

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **45142**

FILED JAN 6 1958

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5807		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MO. b. COUNTY MONROE			
b. CITY OR TOWN RURAL-UNION TWP.		c. LENGTH OF STAY (in this place) 10 YEARS		c. CITY OR TOWN RURAL-UNION TWP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> RD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 MI. S.W. OF PARIS, MO.				e. STREET ADDRESS (If rural, give location) RURAL - S. OF PARIS, MO.			
3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) GLENN c. (Last) MAJOR			4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1957				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 2, 1888		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8 Days 29	IF UNDER 2 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (City and State or Foreign Country) MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EUGENE H. MAJOR		13b. MOTHER'S MAIDEN NAME FRANCES MCFARLAND		14. NAME OF HUSBAND OR WIFE MARY FRANCES MAJOR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-42-1167		17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES MAJOR R.F.D. PARIS, MO. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart Disease					INTERVAL BETWEEN ONSET AND DEATH 3yrs.
		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 Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 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 Dec. 28, 1954 , to Dec 31, 1957 , that I last saw the deceased alive on Nov. 9, 1957 , and that death occurred at 9:00A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. A. Barnett (Degree or title) M.D.				23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 1-2-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-2-58	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.		
DATE REC'D BY LOCAL REG. 1-2-58		REGISTRAR'S SIGNATURE J. A. Barnett M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey		ADDRESS PARIS, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

435

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..... *E. H. Agnew*

Licensed Embalmer No. *4200*

P. O. Address..... *PARIS, MISSOURI*

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.