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FILED APR 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008739

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 10800
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lamar Hosp.		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LETA Middle GLADYS Last MAJONE			4. DATE OF DEATH Month 3 Day 30 Year 58		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 14 1914	9. AGE (In years) 43 (first birthday)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Liberal Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME William Perkins	13b. MOTHER'S MAIDEN NAME Cora Belle Perkins	14. NAME OF HUSBAND OR WIFE Cecil Malene
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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. None	17. INFORMANT Cecil Malene Sheldon Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Sclerosis		INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		345X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Jan 55 to 3-30-58 and last saw ^(her) him alive on 3-30-58 Death occurred at 2:50 pm m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Herbert A. Arnold (Degree or title)	22b. ADDRESS Lamar Mo.	22c. DATE SIGNED 3-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 1 58	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	23d. LOCATION (City, town, or county) (State) Lamar Mo
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24. FUNERAL DIRECTOR Beeny Funeral Home	ADDRESS Stella Mo	25. DATE RECD. BY LOCAL REG. APR 1 - 58	26. REGISTRAR'S SIGNATURE Marie Konantz
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *L. Gerald Beeny*

Licensed Embalmer No. *4203* ...
P. O. Address *Sheldon, Mo*

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.