

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008729

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

4025

27

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wheaton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Wheaton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His-Home</u>		Length of stay in lb <u>8 yrs</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Noman</u> Middle <u>Logan</u> Last <u>Major</u>			4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 16-1874</u>	9. AGE (In years last birthday) <u>83</u> Months <u>10</u> Days <u>1</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Newton Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jesse Major</u>		13b. MOTHER'S MAIDEN NAME <u>Julia A. Wagoner</u>	
14. NAME OF HUSBAND OR WIFE <u>Jennie Major</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Ruth Williams</u>		Address <u>Wheaton, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial degeneration</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u>4222</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		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.)	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>		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 <u>Newton Co</u>		COUNTY <u>Mo</u>		STATE <u></u>	
21. I attended the deceased from <u>11-18-55</u> to <u>3-17-58</u> and last saw <u>him</u> alive on <u>3-5-58</u> Death occurred at <u>4</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Charles L Moore</u>		22b. ADDRESS <u>P.O. 2 Rice City Mo</u>		22c. DATE SIGNED <u>3-19-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>3-18-1958</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Rice Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Newton Co</u>		(State) <u>Mo</u>		24. FUNERAL DIRECTOR <u>McQueen Funeral Home, Wheaton Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>3-31-1958</u>		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>			

(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.

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 358 - 69

DATE REC. 3-24-58

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 Paul D. Hendest .....

Licensed Embalmer No. 4576 .....

P. O. Address Cassville, 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.