

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3902

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stahl, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.#2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>E.</u> c. (Last) <u>May</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>6</u> <u>49</u>		5. SEX <u>F</u> / <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 15, 1900</u>		9. AGE (In years last birthday) <u>48</u>		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) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Adair Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Permelia Stokes</u>		14. NAME OF HUSBAND OR WIFE <u>Sol N. May</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sol N. May, Stahl, Mo.</u>			
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, asphyxia, etc.* It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident (left)</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Rheumatic heart disease & Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u> <u>Yes</u> <u>Yes</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>143*</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>X</u> <u>X</u> <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>Apr. 1938</u> , to <u>Feb. 6, 1949</u> , that I last saw the deceased alive on <u>Feb 6, 1949</u> , and that death occurred at <u>202 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A.D. McClure, D.O.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>2/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-14-49</u>		REGISTRAR'S SIGNATURE <u>Hate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stahl, Mo. Kirksville, Mo.</u>			

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

RECEIVED

District Health Officer No. 10

District File Number 2-49-3

Date Filed FEB 2-1-1949

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
Student Embalmer

Signed

Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, MD

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 this body is not embalmed, fact should be so stated above.