

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

130777

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>198</u>		PRIMARY REG. DIST. NO. <u>5741</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russel Sup 1</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Cambria Rural 0</u>		61		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle)			c. (Last) <u>May</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-49</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>11-3-1893</u>		
9. AGE (In years last birthday) <u>55</u>		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 1 MRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lamar, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Ferguson</u>			13b. MOTHER'S MAIDEN NAME <u>May S. Howard</u>			14. NAME OF HUSBAND OR WIFE <u>Ollie May</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie May New Cambria</u>				
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) <u>Acute Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Myocarditis</u>					<u>3 months</u>	
		DUE TO (c) <u>Cardiac Hypertension</u>					<u>undifined</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>44 3X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>2/2, 1949</u> , to <u>4/17, 1949</u> , that I last saw the deceased alive on <u>4/17, 1949</u> , and that death occurred at <u>2:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. R. S. ...</u>				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>4/23/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Callas Mo</u>		
DATE REC'D BY LOCAL REG <u>4-26-49</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		394 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Edwards</u>		ADDRESS <u>Bevier Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 549

Date Filed MAY 1 0 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.

Signed _____

W. E. Edwards

Signed _____

Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Brewer 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 this body is not embalmed, fact should be so stated above.