

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32731

BIRTH NO. _____		REG. DIST. NO. <u>340</u>	PRIMARY REG. DIST. NO. <u>3075</u>	Registrar's No. <u>53</u>
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (in this place) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		
		d. STREET ADDRESS (If rural, give location) <u>E. So. Maine</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u> b. (Middle) <u>Josephine</u> c. (Last) <u>May</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 23, 1887</u>	9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dexter, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Marcus McFarland</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Lackey</u>	14. NAME OF HUSBAND OR WIFE <u>Charlie May</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jeff McFarland Dexter, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ 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>3 hours</u> <u>4 years</u> <u>331X</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 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 <u>23 Aug, 1949</u> , to <u>23 Aug, 1949</u> , that I last saw the deceased alive on <u>23 Aug, 1949</u> , and that death occurred at <u>5:30 m.</u> ; from the causes and on the date stated above.				
23a. SIGNATURE <u>J L Waddell M.D.</u>		23b. ADDRESS <u>Dexter Mo</u>		23c. DATE SIGNED <u>2 Aug 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-1-49</u>	REGISTRAR'S SIGNATURE <u>Volma D. Jenkins</u>	409	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1949

RECEIVED SEP 8 1949
District Health Office No. 2
District File Number 949-88
Date Filed

SEP 17 1949

SEP 16 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 _____

Licensed Embalmer No. 3479

P. O. Address _____

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.