

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 833
Registrar's No. 65

FILED JAN 28 1950

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1045 COLLEGE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SPGFD. CITY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWARD</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>MAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8 APRIL 1904</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>TRUCK DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCK CARRYING</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>E. K. MAY</u>	13b. MOTHER'S MAIDEN NAME <u>EVA YANSEY</u>	14. NAME OF HUSBAND OR WIFE <u>CATHA MAY</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>521-26-2236</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CATHA MAY</u>	ADDRESS <u>SPGFD. MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4912</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/19 1950 to 1/20 1950, that I last saw the deceased alive on 1/20 1950, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Marcus M.D.</u> (Degree or title)	23b. ADDRESS <u>623 W. Walnut St. Spgfd. Mo.</u>	23c. DATE SIGNED <u>1/21/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK CEME.</u>	24d. LOCATION (City, town, or county) (State) <u>SPGFD. MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-23-50</u>	REGISTRAR'S SIGNATURE <u>M. J. Handley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u>	ADDRESS <u>Spagfd. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Missouri

53961

JAN 30 1950

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 _____

Max Rhodes

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4071

P. O. Address _____

Springfield

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.