

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12523

State File No. \_\_\_\_\_

FILED APR 19 1950

BIRTH MO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>5427</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Villa Ridge</u>		c. LENGTH OF STAY (In this place) <u>91 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Villa Ridge, Mo.</u>		03600	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Ridge, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Villa Ridge, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Thomas</u>		c. (Last) <u>May</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10th, 1950.</u>
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>May 5th, 1859.</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own business.</u>		11. BIRTHPLACE (State or foreign country) <u>Villa Ridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William May</u>			13b. MOTHER'S MAIDEN NAME <u>Judith Ann Franklin.</u>		14. NAME OF DECEASED'S WIFE <u>Leona 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 <u>James P. May</u>		ADDRESS <u>Villa Ridge, 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>Arteriosclerosis Cordis</u> <u>Vascular Disease</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>Fracture of Femur</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>  <u>4221F</u> <u>2790</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) <u>Home Villa Ridge Franklin Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at bedside</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>50</u> , to <u>March</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-22</u> , 19 <u>50</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. H. Stehman D.H.D.</u>				23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>3-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Gray Summit, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar-13-50</u>		REGISTRAR'S SIGNATURE <u>Mary B. Green</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>94</u> <u>Pielberg &amp; Witt Inc.</u>		ADDRESS <u>Washington, Mo.</u>	

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

0360

District File Number

District Health Officer No. 9,

RECEIVED  
APR 11 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.....  
Student Embalmer

Signed

*Jerome F. Svoboda*

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.