

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23839

State File No. 3127

0492
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO.		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City,			c. LENGTH OF STAY (In this place) 30vr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City			1492
d. FULL NAME OF HOSPITAL OR INSTITUTION 423 North Cronogo St.				d. STREET ADDRESS (If rural, give location) 423 N. Cronogo St.			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) MAY		c. (Last) MAYS		4. DATE OF DEATH (Month) (Day) (Year) July 12, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 22, 1875		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR 8 Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME no data		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William L. Hattery Webb City, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene - rt leg.						INTERVAL BETWEEN ONSET AND DEATH 7-1-50
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis				2 weeks.
			DUE TO (c) Chronic myocarditis				2 yrs
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						+222
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) (Minute)		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 12-4, 1948, to 7-12, 1950, that I last saw the deceased alive on 7-11, 1950, and that death occurred at 6:40 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. Anderson MD				23b. ADDRESS Webb City, Mo		23c. DATE SIGNED 7/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-50		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		24d. LOCATION (City, town, or county) (State) Carterville, Missouri	
DATE REC'D BY LOCAL REG. July 15/50		REGISTRAR'S SIGNATURE D. E. Mitchell MD		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Missouri	

RECEIVED 7-18-50

Jasper County Health Office

County File Number 50-7-540

Date Filed 7-18-50

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 *Samuel J. ...*

Licensed Embalmer No. 4561

P. O. Address *Wibb City, W*

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.