

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31296

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5930 Registrar's No. 306

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville RFD #2		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville RFD #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 2		d. STREET ADDRESS (If rural, give location) Route #2			
3. NAME OF DECEASED (Type or Print) a. (First) ADDIE		b. (Middle) FRANCES		c. (Last) MAY	
4. DATE OF DEATH (Month) (Day) (Year) Sept 23, 1950		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 18, 1876		9. AGE (In years last birthday) IF UNDER 1 YEAR: MONTHS; IF UNDER 12 HRS.: HOURS; MIN. 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Dresden, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William G. Landers		13b. MOTHER'S MAIDEN NAME Josephine Bradley	
14. NAME OF HUSBAND OR WIFE Lee May		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. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Lee May, Hughesville RFD # 2		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>Carcinoma Lungs & Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>	
19a. DATE OF OPERATION Nov 1949		19b. MAJOR FINDINGS OF OPERATION <u>Co. Breast & metastases</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		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) m.		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>Oct 1947</u> , to <u>Sept 22, 1950</u> , that I last saw the deceased alive on <u>Sept 19</u> , 1950, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Boger M.D.</u>		(Degree or title)		23b. ADDRESS <u>Sedalia, Mo</u>	
23c. DATE SIGNED <u>9-23-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 25, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pettis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 25, 1950</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D. Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Decker, Sedalia Mo.</u>	

251-0

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED ^{10/2/60}
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10/2/60

VS SEP 14 1960

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. 3470

P. O. Address Lidalia, 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.