

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10525

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u> (If outside corporate limits write RURAL and give township)		c. CITY OR TOWN <u>West Plains</u> (If outside corporate limits write RURAL and give township) <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stall Surgical Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delara</u> b. (Middle) <u>Delina</u> c. (Last) <u>Heath</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-11-50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>6/2 99</u>
9. AGE (In years last birthday) <u>51</u> if UNDER 1 YEAR: Months <u>6</u> Days <u>8</u> if UNDER 12 MRS. Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Kenterville Mo USA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Jesse May</u>	
13b. MOTHER'S MAIDEN NAME <u>Malissa Jay</u>		14. NAME OF HUSBAND OR WIFE <u>Bud May West Plains Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bud May West Plains Mo</u>		ADDRESS <u>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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>SHOCK & INTERNAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 hours</u> ANTECEDENT CAUSES <u>FOLLOWING GUNSHOT WOUND OF</u> DUE TO (b) <u>RT LUNG LIVER & INTESTINE</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>29190</u> <u>19</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident AT HOME</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WEST PLAINS - R. R. #3 - HOWELL - MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 10 1950 6:49 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>SHOT BY HER HUSBAND</u>	
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at <u>5:00 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert D. M. D. COOPER</u> (Degree or title)		23b. ADDRESS <u>Howell Co West Plains Missouri</u>	23c. DATE SIGNED <u>19/12/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Redbetter</u>	24d. LOCATION (City, town, or county) (State) <u>Kenterville Mo</u>
DATE REC'D BY LOCAL REG. <u>12-28-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cooke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u> ADDRESS <u>Mo</u>	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 157-13

Date Filed 1-4-51

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

D. D. Robertson

Licensed Embalmer No. 3437

P. O. Address West Haven, 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.