

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 43683

BIRTH NO. Missouri REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 2

0883

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>0210</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	c. LENGTH OF STAY (If this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Brunswick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Tyler</u> c. (Last) <u>May</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 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>widowed</u>	8. DATE OF BIRTH <u>March 16, 1865</u>	9. AGE (In years last birthday) <u>85</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carroll County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Allen May</u>	13b. MOTHER'S MAIDEN NAME <u>Ann (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Jane DeWeese</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie McKee</u>	18. ADDRESS <u>Brunswick 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Superior ramus of pubis left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture</u> <u>Dislocation sternoclavicular joint left</u>		<u>6 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mycocarditis, chronic</u>		<u>6 days</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Brunswick, Mo Chariton Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 25 1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>
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22. I hereby certify that I attended the deceased from Dec 24, 1950 to Dec 29, 1950, that I last saw the deceased alive on Dec 24, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter C. M... Woodland - Moberly Mo Dec 30-50</u>	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 1/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Indian Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 51</u>	REGISTRAR'S SIGNATURE <u>Sealth Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer</u>	ADDRESS <u>Funeral Home Brunswick Mo</u>
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Date Received: JAN 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-76
Date Filed: JAN 20 1951

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, ~~by~~

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *S. L. Leopold*
Licensed Embalmer No. *3970*
P. O. Address *Mendon Ma*

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.