

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. LENGTH OF STAY (in this place) <u>17.5</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> <u>8100</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>429 South Allen</u>				d. STREET ADDRESS (If rural, give location) <u>519 South Allen</u>				
3. NAME OF DECEASED (Type or Print) <u>Arlington Arthur May</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>2-20-52</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>3-6-1883</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 12 HRS. Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Middletown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>David H. May</u>			13b. MOTHER'S MAIDEN NAME <u>Mildred Kirks</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Fowler May</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>486-34-1682</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. A. May</u>					ADDRESS <u>Centralia, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u>				<u>year</u>
				DUE TO (c)				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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)		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>2/20/52</u> , 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Henry K. Wood, Jr. M.D. 5th Coroner</u>				23b. ADDRESS <u>909 University Ave Columbia Mo</u>		23c. DATE SIGNED <u>2/20/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Feb 23-1952</u>		REGISTRAR'S SIGNATURE <u>Maud M. Brude</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill A. Meador</u>		ADDRESS <u>Centralia, Missouri</u>		

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

APR 6 1968

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

Bill J. Meador

Licensed Embalmer, No. *4876*

P. O. Address

Centralia, Missouri

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.