S. No. 300 FILED JUL 18 1952
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26902

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Stone 1040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena
c. LENGTH OF STAY (in this place): 75 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone 1040
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Johnny
b. (Middle): Pete
c. (Last): May

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): never Married
8. DATE OF BIRTH: August 26, 1877
9. AGE (In years last birthday): 75 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? Ame.

13a. FATHER'S NAME: Pete May
13b. MOTHER'S MAIDEN NAME: Nancy Stockstill
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Winnie Taylor — ADDRESS: Galena, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, chronic glomerulo — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592 x
20. AUTOPSY? YES ☐ NO ☑

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): Springfield, Greene, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1952, *to* June 27, 1952, *that I last saw the deceased alive on* June 27, 1952, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. L. Tilsley (Degree or title) M.D.
23b. ADDRESS: 609 Cherry St.
23c. DATE SIGNED: July 8 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9-52
24c. NAME OF CEMETERY OR CREMATORY: May Cemetery
24d. LOCATION (City, town, or county) (State): Stone Mo.

DATE REC'D BY LOCAL REG.: July 8-52
REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosseau 217-A per Lena Murray
25. FUNERAL DIRECTOR'S SIGNATURE: Everett J. Cheatham — ADDRESS: Galena Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Everett J. Cheatham

Signed .....
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena, 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.