

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39231**

NOV 20 1952

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5592 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Joachim		c. CITY (If outside corporate limits, write RURAL and give township): 0501 Rural-Valle	
c. LENGTH OF STAY (in this place) 2 Mos.		d. STREET ADDRESS (If rural, give location) Star Rt. DeSoto, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Hollis b. (Middle) Lindsey c. (Last) Mays			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1952		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 23, 1869		9. AGE (in years last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Switchman			10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (City and State or Foreign Country) Bottica County, Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME Katherine Burke		14. NAME OF HUSBAND OR WIFE Anna Mays	
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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) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Mays		ADDRESS Star Rt. DeSoto	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Worse 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease		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. Duodenal Ulcer	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						Several yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **8-10-1952**, to **10-19-1952**; that I last saw the deceased alive on **10-17-1952**, and that death occurred at **10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. J. Donnell, M.D.		(Degree or title)		23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 10-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/20/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. 10/20/52		REGISTRAR'S SIGNATURE Geentry R. Polittle		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathushod		ADDRESS DeSoto, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0500

JEFFERSON COUNTY HEALTH DEPT.,
HILLSBORO, MISSOURI
DATE RECEIVED NOV 13 1932

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address DeSoto, 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.