No. 300
10.48

FILED APR 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13444

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4065 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Caldwell 0130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Polo
c. LENGTH OF STAY (in this place)
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 Caldwell 0130
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Polo
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) Letta
c. (Last) May

4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 53

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Sept., 16 1866
9. AGE (In years last birthday) 86
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) Bookeeper
10b. KIND OF BUSINESS OR INDUSTRY Grocery store
11. BIRTHPLACE (City and State or Foreign Country) Breckenridge, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles A. May
13b. MOTHER'S MAIDEN NAME Rebessa M. Howe
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Linnie Thomson
ADDRESS Polo, 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) Myocardial Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Many years
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 4-2-21
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)
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* 6-10, 1952, *to* 4-11, 1953, *that I last saw the deceased alive on* 4-10, 1952, *and that death occurred at* 8:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE C H Wilson (Degree or title) M.D.
23b. ADDRESS Polo Mo
23c. DATE SIGNED 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 4-13-53
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) Breckenridge (State) Mo.

DATE REC'D BY LOCAL REG. 4-16-53
REGISTRAR'S SIGNATURE Gladys Jones 37
25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark
ADDRESS Kingston, 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.

Student _____
Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.

MAY 2 1951