

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36498

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5738 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN <u>Kirkville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>H 1-way 63, 4 miles So. of La Plata, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>1009 N. Franklin St.,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clifford</u>	b. (Middle) <u>Harold</u>	c. (Last) <u>May</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 11, 1922</u>	9. AGE (In years last birthday) <u>31</u>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>John Deere Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas May</u>	13b. MOTHER'S MAIDEN NAME <u>Lulah Sevits</u>	14. NAME OF HUSBAND OR WIFE <u>X</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>Yes W. W. II</u>	16. SOCIAL SECURITY NO. <u>498-12-5905</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lulah May, Kirkville, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull &</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Neck</u> DUE TO (c) <u>Auto Accident</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>H 1-way 63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 5, 1953 2:10 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at Kirkville at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lester Hutton 3 Coroner</u>	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>Nov 7, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 4 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. O. J. Griffin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Taylor</u>	ADDRESS <u>Kirkville, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 13 1983

RECEIVED 11. 10. 53
MAGON COUNTY HEALTH DEPARTMENT
County File No. 11. 53. 183
Date Filed 11. 13. 53

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
Signature of Student Embalmer

Signed *Richard H. Bandall*

Licensed Embalmer No. 4866

P. O. Address *Furberville,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.