

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44936

State File No.

060
2

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 191

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u> | |
| b. CITY OR TOWN <u>Washington Township</u> | | c. CITY OR TOWN <u>Carthage</u> | |
| c. LENGTH OF STAY (in this place) <u>1 mo 19 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1230 South Clinton St</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle) <u>-</u> c. (Last) <u>GENEVA-PAGETT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29, 1953</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | 8. DATE OF BIRTH <u>May 5, 1887</u> |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Days <u>7</u> | IF UNDER 24 HRS. Hours <u>24</u> Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTH PLACE (State or foreign country) <u>Carthage Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Samuel Thomas Morris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Britt</u> | 14. NAME OF HUSBAND OR WIFE <u>unknown</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | 16. SOCIAL SECURITY NUMBER <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u> ADDRESS <u>State Hosp 3 Nevada Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | |
| DUE TO (c) <u>Cardio-vascular Renal Disease</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Involuntional Melancholia</u> | | | |
| 19a. DATE OF OPERATION <u>no</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 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) (Min.) | 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>Nov 10, 1953</u> , to <u>Dec 29, 1953</u> that I last saw the deceased alive on <u>Dec 29, 1953</u> and that death occurred at <u>11:15 Am.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u> | | 23b. ADDRESS <u>State Hospital 3 Nevada Mo</u> | 23c. DATE SIGNED <u>Dec 29/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-31-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>1-4-1954</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>451</u> ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u> | |

FOR

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 William B. Cantrell

Licensed Embalmer No. 4850

P. O. Address Carters, 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.