

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9629**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5923		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Cedar		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY OR TOWN Sedalia 08000		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Buena Vista Home, Route # 4				e. STREET ADDRESS (If rural, give location) Route # 4, Cedar Township			
3. NAME OF DECEASED (Type or Print) a. (First) IDA		b. (Middle) MAY		c. (Last) NULL		4. DATE OF DEATH (Month) (Day) (Year) March 19, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 14, 1881	
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) Clerk - retired		10b. KIND OF BUSINESS OR INDUSTRY City of Green Ridge, Mo.		11. BIRTHPLACE (City and State or Foreign Country) Green Ridge, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Jefferson Null			13b. MOTHER'S MAIDEN NAME Florence Booth			14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Buena Vista Home Records, Sedalia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL APOPLEXY</p> <p>ANTECEDENT CAUSES</p> <p><i>*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></p> <p>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) ARTERIO SCLEROSIS.</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (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 MARCH 19 1957 to March 19 1957 , that I last saw the deceased alive on MARCH 14 1957 , and that death occurred at 11:45A. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul A. Goulet MD				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 20 MARCH 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 21, 1957		24c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Green Ridge, Missouri	
DATE REC'D BY LOCAL REG. 3-21-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE D. Weckert		ADDRESS Sedalia, Mo	

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

GILLESPIE FUNERAL HOME

541

EMOCH JASEL INI EXCELLENCE

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... *Russell C. Maag*

Licensed Embalmer No. *4803*

P. O. Address *Sedalia*

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.