

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29094**

FILED AUG 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **205**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residency before admission)	
a. COUNTY <b>ST. CHARLES</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. CHARLES</b>	c. CITY OR TOWN <b>ST. CHARLES</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>3 YRS</b>		e. STREET ADDRESS (If rural, give location) <b>1127 HARVESTER RD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1127 HARVESTER RD</b>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>ETHA</b>	b. (Middle) <b>BERNEICE</b>	c. (Last) <b>MAY</b>	(Month) <b>AUG</b>	(Day) <b>19</b>	(Year) <b>1957</b>
(Type or Print)					
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 25 1911</b>	<b>9. AGE</b> (In years last birthday) <b>45</b>	<b>10. MONTHS</b> <b>8</b>
			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>CARLYLE ARKANSAS</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	<b>13. HOURS</b> <b>24</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>SECRETARY &amp; OFF. MGR</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>INS. BROKERAGE</b>			

<b>13a. FATHER'S NAME</b> <b>EDWARD HENDRICKS</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>MINNIE MCPEAKE</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>WARREN W. MAY</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>431-01-6221</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>WARREN W. MAY</b>
(If yes, give war or dates of service)		<b>ADDRESS.</b> <b>ST. CHARLES, MO</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pneumonia, lobar</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>7 days</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>ANTECEDENT CAUSES</b>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b>			
Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> <b>490X</b>
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** *not seen prior to 8-19-57* **19**, **that I last saw the deceased alive on** **19**, **and that death occurred at** **7:34** **m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>W. L. Turner</i>	<b>23b. ADDRESS</b> <b>114 N. Main St. Charles Mo</b>	<b>23c. DATE SIGNED</b> <b>8-20-57</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> <b>REMOVAL</b>	<b>24b. DATE</b> <b>AUG 21 1957</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>LYNN CEMETERY</b>
<b>24d. LOCATION</b> (City, town, or county) <b>WENTZVILLE</b>	<b>24e. (State)</b> <b>MO</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 21 57</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Margaret Wilson</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>B. L. Prinster</i>
		<b>ADDRESS</b> <b>St. Charles, Mo</b>

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

No. 300  
10-48

AUG 30 1957

**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.....  
*Gene A. Mattheus*

Licensed Embalmer No. *496*

P. O. Address *Albany*

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.