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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021172
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 367

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Inside Limits Yes [X] No [ ]
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Francis Hospital — Length of stay in Ib: 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
STATE: Missouri — COUNTY: Scott
c. CITY OR TOWN: Illmo Mo 1000 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Illmo Mo — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jerry — Middle: Wayne — Last: May
4. DATE OF DEATH Month, Day, Year: June, 13, 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June,23,1941
9. AGE (In years last birthday): 16 — 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): Dish washer
10b. KIND OF BUSINESS OR INDUSTRY: Idan Ha Hotel
11. BIRTHPLACE (City and state or country): Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Norman May
13b. MOTHER'S MAIDEN NAME: Dorothy Winder
14. NAME OF HUSBAND OR WIFE: NRS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Cline Abernathy — Address: Illmo Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fibrosarcoma right fibula, with general — INTERVAL BETWEEN ONSET AND DEATH: 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): metastatic spread of disease
DUE TO (c): 1967
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): No injury
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 12-31-57, to 6-13-58 and last saw her/him alive on 6-12-58
Death occurred at approximately 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas G. Ellis MD
22b. ADDRESS: Cape Girardeau, Missouri
22c. DATE SIGNED: 6-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-58
23c. NAME OF CEMETERY OR CREMATORY: Lorimer Cemt
23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo

24. FUNERAL DIRECTOR — ADDRESS: L.L.Haman Cape Girardeau Mo
25. DATE RECD. BY LOCAL REG.: June 27 1958
26. REGISTRAR'S SIGNATURE: Mrs Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 L. L. Hamon

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.