URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 100

60-007545
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in Tb: 2 days

c. CITY OR TOWN Sedalia — Inside Limits: Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp. — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 1522 E. 9 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Timothy Middle: Wayne Last: May

4. DATE OF DEATH Month: March Day: 4 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Feb. 18, 1960

9. AGE (last birthday)

IF UNDER 1 YEAR: Months — Days: 13

IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James L. May

13b. MOTHER'S MAIDEN NAME: Viola Ditzfeld

14. NAME OF HUSBAND OR WIFE: —

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.: None

17. INFORMANT: Jas. L. May — Address: 1522 E. 9

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) Respiratory failure, Acute — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) —

DUE TO (c) Hemorrhagic Pneumonitis — 3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 1 March 1960, to 4 March 1960 and last saw ~~him~~ her alive on 4 March 1960

Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Stanley D. Fisher MD

22b. ADDRESS 500 West 16th Sedalia, Missouri

22c. DATE SIGNED 5 Mar 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-6-60

23c. NAME OF CEMETERY OR ~~CREMATORY~~ Memorial Park

23d. LOCATION (City, town, or county) (State) Sedalia Mo

24. FUNERAL DIRECTOR McLaughlin Bro — ADDRESS 519 So Ohio

25. DATE RECD. BY LOCAL REG. 3-5-1960

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold Tempel

Licensed Embalmer No. 5089

P. O. Address Sedalia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.