URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 21 1960

60-024173

STATE FILE NUMBER

NDED

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reynolds
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION own Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Reynolds
c. CITY OR TOWN Reynolds
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Arminta Middle: Beck Last: May
4. DATE OF DEATH Month: June Day: 7 Year: 60

5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Apr 20 1874
9. AGE (last birthday) 86
IF UNDER 1 YEAR: Months 1 Days 17
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Iron County Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Beck
13b. MOTHER'S MAIDEN NAME Julia Ann Sullivan
14. NAME OF HUSBAND OR WIFE George W. May

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 Emmett May Address Ellington Mo

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) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Senility — 10 yrs.
DUE TO (c) _____
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 1958 to June 5/60 and last saw her alive on June 5/60
Death occurred at 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth T Carlton MD (Degree or Title)
22b. ADDRESS Ellington Mo
22c. DATE SIGNED 6-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 6-10-60
23c. NAME OF CEMETERY OR CREMATORY Polk Cemetery
23d. LOCATION (City, town, or county) (State) Reynolds Co, Mo

24. FUNERAL DIRECTOR Chas S. Pruitt ADDRESS Ellington, Mo
25. DATE RECD. BY LOCAL REG. June 18, 1960
26. REGISTRAR'S SIGNATURE Elmer Jarvis

(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_____ Signed Chas. S. Leonti

Signature of Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington, C

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.