URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 13 1960

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 304 -60-031550 STATE FILE NUMBER

ENDED

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

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

3. NAME OF DECEASED (Type or print) First: ARTHUR Middle: LEE Last: MAY
4. DATE OF DEATH Month, Day, Year: September 4, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: July 17, 1868
9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Pettis County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John D. May
13b. MOTHER'S MAIDEN NAME: Sarah Durley
14. NAME OF HUSBAND OR WIFE: Addie Landers
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: James C. May, RFD, Hughesville, Mo. — Address

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) Chronic Myocarditis and Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 11 Sept 1953, to 4 Sept 1960 and last saw ~~her~~ him alive on 4 Sept 1960
Death occurred at 6:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn A. Walker (Degree or title) D.O.
22b. ADDRESS 400 W 4th St. Sedalia, Mo.
22c. DATE SIGNED 9/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: High Point Cemetery
23d. LOCATION (City, town, or county) (State): near Hughesville, Mo.

24. FUNERAL DIRECTOR: D.W. Heckart - Gillespie Funeral Home, Sedalia, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 9-8-1960
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_____ Signed Richard D. Conn

Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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