

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-012320

STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 133

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 3 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Reynolds</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only), OR TOWN <u>Reynolds</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OWN HOME</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u></p> <p>c. CITY OR TOWN <u>Reynolds</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>George Washington May</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>MAR 15 1962</u></p>	
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>8-15-1876</u></p>
<p>9. AGE (last birthday) <u>85</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Reynolds Co. Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Christian L. May</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Mary E. SULLIVAN</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Annikta May (DSC)</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u></p>	<p>16. SOCIAL SECURITY NO. <u>NONE</u></p>
<p>17. INFORMANT <u>Emmitt May, Condon, Mo</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>MYOCARDIAL OXYGENATION</u> 3 yrs</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis-Cardio-Vas</u> 10 yrs</p> <p>DUE TO (c) <u>+ Obstructed</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>1950</u> to <u>MARCH 16</u> and last saw ^{her} _{him} live on <u>MARCH 15/62</u></p> <p>Death occurred at <u>9 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Kenneth T. Carter; D.O.</u></p>	<p>22b. ADDRESS <u>Ellington Mo</u></p>
<p>22c. DATE SIGNED <u>3-19-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>3-19-62</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Polk Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Reynolds County Mo</u></p>
<p>24. FUNERAL DIRECTOR <u>Emmitt Funeral Home, Ellington, Mo</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>MAR 22 1962</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Palma Jarvil</u></p>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Chris S. Perrett

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo

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.