

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002270

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 1

STATE FILE NUMBER

**FILED JAN 14 1963**

1. PLACE OF DEATH  
 a. COUNTY Laclede  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sebanon Length of stay in lb 2 days  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Illinois COUNTY Coak  
 c. CITY OR TOWN Chicago Inside Limits Yes  No   
 d. STREET ADDRESS ((if outside, give location)) 3324 N. Francisco Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Raymond W. MAY JR. Jan 5 1963

5. SEX MALE 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-23-43 9. AGE (last birthday) 20 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, season retired) College Student 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Chicago, Ill 12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME Raymond W. May Jr. 13b. MOTHER'S MAIDEN NAME Shirley Elston 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) ((if yes, give war or dates of service)) no 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Raymond W. May Jr. Chicago, Ill

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Basilar skull fracture INTERVAL BETWEEN ONSET AND DEATH 2 days  
 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) fracture left clavicle 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.) Thrown from automobile as it rolled over.

20c. TIME OF INJURY Hour 2:35 p.m. Month, Day, Year 1-3-63

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.) Highway 66 20f. CITY, TOWN, OR LOCATION COUNTY STATE Sebanon Laclede Missouri

21. I attended the deceased from 1-3-63 to 1-5-63 and last saw <sup>her</sup> him alive on 1-5-63  
 Death occurred at 3:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B B Hurst M.D. 22b. ADDRESS Sebanon, Mo. 22c. DATE SIGNED 1-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial + Removal 23b. DATE 1-9-63 23c. NAME OF CEMETERY OR CREMATORY Montross Cemetery 23d. LOCATION (City, town, or county) (State) Chicago Illinois

24. FUNERAL DIRECTOR ADDRESS Ally W. Haskew - Sebanon, Mo. 25. DATE RECD. BY LOCAL REG. 1-7-1963 26. REGISTRAR'S SIGNATURE Helda L. May

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
 1 6535  
 2 81202  
 3  
 4 0  
 5 0  
 6  
 7 1  
 8 2  
 9 X  
 10  
 11 053  
 12 1-0  
 13 1-0

FEB 8 1963  
JAN 17 1963

**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 Allyn Hosker

Licensed Embalmer No. 4333

P. O. Address Lebanon, 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.

Permit secured - 1-7-1963 W.S.N.