

FILED MAY 24 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16562**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5508** Registrar's No. **127**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Deepwater Mo</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Deepwater</u> 0420 d. STREET ADDRESS _____	
3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>Inskip</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 - 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 13 - 1898</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>St. Clair Co. Mo</u>	
13a. FATHER'S NAME <u>Dawson Winn</u>		13b. MOTHER'S MAIDEN NAME <u>Malvina Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde May, Ladue Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		444X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Deepwater Henry Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 7 1950</u>	
21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 7, 1950</u> to <u>May 7, 1950</u>, that I last saw the deceased alive on <u>May 6, 1950</u>, and that death occurred at <u>Deepwater, Mo.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. C. Kurok</u>		23b. ADDRESS <u>Deepwater Mo</u>	
23c. DATE SIGNED <u>May 9 1950</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9 - 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Deepwater, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 15 - 50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Kurok</u>		ADDRESS <u>Deepwater, Mo</u>	

RECEIVED 5-22-52
District Health Officer No. 7,
District File Number 4-50-55
Date Filed 5-23-52

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 _____
Student Embalmer

Signed *Frank J. Smith*

Licensed Embalmer No. 2752

P. O. Address *Rockville MD*

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 this body is not embalmed, fact should be so stated above.