No. 300
10.48

REC OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31407

BIRTH NO. ______ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 1

4222 0

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLINTON GENL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON MO 0422
d. STREET ADDRESS (If rural, give location): 901 NORTH 2nd ST

3. NAME OF DECEASED (Type or Print): a. (First) KATIE b. (Middle) HILL c. (Last) MAY

4. DATE OF DEATH (Month) (Day) (Year): Sept-26-52

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 9/18/1874
9. AGE (In years last birthday): 78 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FORT LYON MO 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Marion Burton
13b. MOTHER'S MAIDEN NAME: Birdsong
14. NAME OF HUSBAND OR WIFE: EDWARD MAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Clarence May ADDRESS: Clinton Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	4 days
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.*	Chronic myocardial disease with auricular fibrillation	2 months

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, *to* Sept 26, 1952 *that I last saw the deceased alive on* Sept 26, 1952, *and that death occurred at* 12:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. B. Hughes (Degree or title) M.D.
23b. ADDRESS: Clinton, Mo.
23c. DATE SIGNED: 9/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/52
24c. NAME OF CEMETERY OR CREMATORY: Englewood
24d. LOCATION (City, town or county) (State): Clinton Mo.

DATE REC'D BY LOCAL REG.: Sept 27-52
REGISTRAR'S SIGNATURE: Florence Adair 4220
25. FUNERAL DIRECTOR'S SIGNATURE: J E Consolver ADDRESS: Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. E. Conradlin

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.