

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30022

Registrar's No. 839

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 1000		Registrar's No. 839		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield				
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 1/2 East Walnut				d. STREET ADDRESS (If rural, give location) 209 1/2 East Walnut				
3. NAME OF DECEASED (Type or Print) a. (First) Bruce			b. (Middle) F.		c. (Last) May		4. DATE OF DEATH (Month) (Day) (Year) Sept 23 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 20, 1886	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Photo Co.		10b. KIND OF BUSINESS OR INDUSTRY Photo Company		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Shelby A. May		13b. MOTHER'S MAIDEN NAME Ina Frances DeAtley		14. NAME OF HUSBAND OR WIFE Lillie E. May				
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lillie E. May, Springfield, Missouri				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction - Acute  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None Known.					INTERVAL BETWEEN ONSET AND DEATH Instantly.  1 month.  4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 8/75, 1950, to 9/23, 1950, that I last saw the deceased alive on 9/19, 1950, and that death occurred at 11:20 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D.P. Massey				23b. ADDRESS M.D. Springfield, Mo.		23c. DATE SIGNED 9/27/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE September 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. 9-28-50		REGISTRAR'S SIGNATURE W.G. Haudley		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer		ADDRESS Springfield, Mo.		

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

0394

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1950

OCT 11 1950

**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.

Signed Lee Mason.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.