

No. 300
10. 48

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5081 State File No. 31231
5981
7570

BIRTH NO. _____		REG. DIST. NO. <u>258</u>		PRIMARY REG. DIST. NO. <u>17570</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Township</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		d. STREET ADDRESS (If rural, give location) <u>Meta, Mo. Rfd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Along route 153, 2 miles south of Folk, Mo.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Raybarn</u>		c. (Last) <u>May</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 25, 1903</u>	
9. AGE (In years last birthday) <u>47</u>		If under 1 year: Months <u>1</u> Days <u>23</u>		If under 1 min. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>		11. BIRTHPLACE (State or foreign country) <u>Meta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>This</u>	
13a. FATHER'S NAME <u>Richard E. May</u>		13b. MOTHER'S MAIDEN NAME <u>Cora C. Rowden</u>		14. NAME OF HUSBAND OR WIFE <u>Rose May.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>703 03 7547</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claude May</u>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wounds inflicted in and about the left side of his neck, head and body by person or persons</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Telephone right of way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Township, Osage Co. Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 18, 50. 3:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>From Gunshot.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clyde Merton</u> <u>3</u> <u>Coroner</u>				23b. ADDRESS <u>Linn, Mo.</u>		23c. DATE SIGNED <u>9/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/21/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Side</u>		24d. LOCATION (City, town, or county) (State) <u>Meta, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-25-50</u>		REGISTRAR'S SIGNATURE <u>Rose Rowden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Merton</u>		ADDRESS <u>MOBILE GENERAL HOME LINN? MO.</u>	

760
3

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

File No. _____
DISTRICT HEALTH OFFICE No. 4
OCT - 3 1950

RECEIVED

707
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 _____
working under my personal supervision.

Student Embalmer No.

Signed Umar M. Morton

Signed
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Linn, 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.