

FILED JUN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15531

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5042</u>		Registrar's No. <u>42</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BARRY</u>				
b. CITY OR TOWN <u>Rural (Liberty)</u>		c. LENGTH OF STAY (to this place) <u>Life</u>		c. CITY OR TOWN <u>Rural Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>0050</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>								
3. NAME OF DECEASED (Type or Print) <u>Mattie</u>			a. (First)	b. (Middle)	c. (Last) <u>MAY</u>	4. DATE OF DEATH (Month) <u>5</u> (Day) <u>27</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 15 1886</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Barry County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Brown Mullins</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Shockley</u>		14. NAME OF HUSBAND OR WIFE <u>Russ May</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russ May, Exeter Mo</u> ADDRESS <u>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>Apoplexy</u> ANTECEDENT CAUSES <u>High blood pressure.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>	
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 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) (Min.)		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 <u>1948</u> , to <u>1951</u> , that I last saw the deceased alive on <u>May 2, 1951</u> , and that death occurred at <u>6:21 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edmond H. Salver M.D.</u> (Degree or title)				23b. ADDRESS <u>Cassville Mo.</u>		23c. DATE SIGNED <u>May 27 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Magnuswood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-1-1951</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u> <u>10</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris Jones</u> ADDRESS <u>Wheaton Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

2050

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUN 4 1951

Dist. File 651-1281

Date Filed 6-6-51

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 James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.