No. 300
10.48

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17518

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 40

791
0

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

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
c. LENGTH OF STAY (in this place): 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural St. Marys Township 0790
d. STREET ADDRESS (If rural, give location): Yount 0

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Conner
c. (Last): May

4. DATE OF DEATH (Month) (Day) (Year): May 24, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 1
8. DATE OF BIRTH: April 2, 1869
9. AGE (In years last birthday): 82 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Beaver Falls, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William C. May
13b. MOTHER'S MAIDEN NAME: Mary Jane Calvin May
14. NAME OF HUSBAND OR WIFE: Edith Hart 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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Orren May, Yount, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary or pulmonary Embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Embolism
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: May 1, 1951
19b. MAJOR FINDINGS OF OPERATION: Gangrene of rt Leg 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1951, *to* May 24, 1951, *that I last saw the deceased alive on* May 24, 1951, *and that death occurred at* 6:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley H. Legner M.D.
23b. ADDRESS: Perryville Mo
23c. DATE SIGNED: May 24, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 1951
24c. NAME OF CEMETERY OR CREMATORY: Baptist Cemetery
24d. LOCATION (City, town, or county) (State): Minnith, Mo.

DATE REC'D BY LOCAL REG.: May 25-1951
REGISTRAR'S SIGNATURE: Joe J Zoellner 250 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert Bey, Perryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 7 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.