

FILED JUL 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21064

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

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6042		Registrar's No. 219	
1. PLACE OF DEATH a. COUNTY Ripley Varner Township				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE naylor, mo. (K-141) Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) Naylor RR #1		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Naylor - Varner Township		d. STREET ADDRESS (If rural, give location) R.R. #1	
3. NAME OF DECEASED a. (First) MAY b. (Middle) De Sonia c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 6 19 51			
5. SEX F		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH 12/5/1880	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOMC		11. BIRTHPLACE (State or foreign country) Lexington MO	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE	
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 State Social Welfare Office			
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>mitral regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u> 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 no		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4222		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) now		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from April 1, 1951, to June 14, 1951, that I last saw the deceased alive on June 12, 1951 and that death occurred at 1 PM., from the causes and on the date stated above.			
23a. SIGNATURE H. Edwards M.D.		23b. ADDRESS Naylor, Mo		23c. DATE SIGNED 6/26/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/20/51		24c. NAME OF CEMETERY OR CREMATORY Doniphan Cem Doniphan Mo		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 6-28-51		REGISTRAR'S SIGNATURE H. Edwards		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.W. Edwards Doniphan Mo			

RECEIVED

JUL 9 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed George A. Kerby

Signed.....  
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Dorchester 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.