No. 300
10-48

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30453

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5554 Registrar's No. 553

1. PLACE OF DEATH
a. COUNTY: HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POTTERSVILLE
c. LENGTH OF STAY (in this place): 31 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POTTERSVILLE
d. STREET ADDRESS (If rural, give location): R F D

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): ELDON
c. (Last): MAY

4. DATE OF DEATH (Month) (Day) (Year): 8-24-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 4-22-1923
9. AGE (In years last birthday): 31 — 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): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): OZARK COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U S
13a. FATHER'S NAME: J. S. MAY
13b. MOTHER'S MAIDEN NAME: MALISSA FOX
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: BUD MAY, POTTERSVILLE, 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) Acute dilitation of heart — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pulmonary tuberculosis — 6 mo.
DUE TO (c)

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: 002 X
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 _____, 1949, to 8-24, 1954, that I last saw the deceased alive on 8-20, 1954, and that death occurred at 1:30 m. P.M. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel R. Lanna D.O.
23b. ADDRESS: Bakersfield, Mo.
23c. DATE SIGNED: 9-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 8-26-54
24c. NAME OF CEMETERY OR CREMATORY: CRIDER,
24d. LOCATION (City, town, or county) (State): CRIDER, MISSOURI

DATE REC'D BY LOCAL REG.: 9-16-54
REGISTRAR'S SIGNATURE: Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: ROBERTSONS, WEST PLAINS, MO

(Licensed Embalmer's Statement on Reverse Side)

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

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 D D Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains

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.