

FILED NOV 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. 40355

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6202 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY OR TOWN RURAL PINEY		c. CITY OR TOWN RURAL OZARK	
c. LENGTH OF STAY (In this place) 2 WKS		d. STREET ADDRESS (If rural, give location) 107th	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) MINNIE	a. (First)	b. (Middle)	c. (Last) MAY	4. DATE OF DEATH (Month) (Day) (Year) NOV. 18 1956
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5. SEX FE. I	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 22 1902	9. AGE (In years last birthday) 54	If UNDER 1 YEAR: Months _____ Days _____	If OVER 1 YEAR: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) JOHNSON CITY TENN.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SAMUEL PHILLIPS	13b. MOTHER'S MAIDEN NAME MARTHA POSTON	14. NAME OF HUSBAND OR WIFE ZIGMUND MAY
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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 MARCELLA MAY EUNICE MO	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma - primary undetermined		Months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction		Three weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **October 24, 1956**, to **NOV 18, 1956**, that I last saw the deceased alive on **October 29, 1956**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John N. Tami (Degree or title) M.D.	23b. ADDRESS Houston, Mo.	23c. DATE SIGNED Nov. 24, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-21-56	24c. NAME OF CEMETERY OR CREMATORY UNION CHAPEL	24d. LOCATION (City, town, or county) (State) TEXAS CO MO
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DATE REC'D BY LOCAL REG. NOV 24 1956	REGISTRAR'S SIGNATURE Myrtle Craig	25. FUNERAL DIRECTOR'S SIGNATURE ELLIOTT FUNERAL HOME	ADDRESS HOUSTON MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

327

JAN 31 1951

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.