

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016646
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 118

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wellsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION died enroute to hospital, in ambulance		Length of stay in 1b #700	d. STREET ADDRESS (If outside, give location) Hudson St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM TINSLEY MAY			4. DATE OF DEATH Month Day Year June 3, 1959
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1875
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. 0 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired minister		10b. KIND OF BUSINESS OR INDUSTRY Ministry	11. BIRTHPLACE (City and state or country) Orrin County, Kentucky U.S.A.
13a. FATHER'S NAME Simion T. May		13b. MOTHER'S MAIDEN NAME Cordelia Guinn	14. NAME OF HUSBAND OR WIFE Mrs. Ruby Heed, Ada Okl.
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. 496-26-9193	17. INFORMANT Mrs. Ruby Heed, Ada Okl.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary edema DUE TO (b) myocardial insufficiency DUE TO (c) arteriosclerotic cardiovascular athero Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 20 days 30 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 442X	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Aug. 22, 1958 to 6.3.59 and last saw ^{her} him alive on 6.3.59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William J. Gallenud		22b. ADDRESS 112 N. Clark Street	22c. DATE SIGNED 6.6.59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Wellsville City	23d. LOCATION (City, town, or county) (State) Wellsville, Missouri
24. FUNERAL DIRECTOR H. Miller Wellsville, Mo.		25. DATE RECD. BY LOCAL REG. June 6, 1959	26. REGISTRAR'S SIGNATURE Blenche Neely

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Part I may be securely stamped

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
Signature of Student Embalmer

Signed *Howard Myers*

Licensed Embalmer No. 4494

P. O. Address...Wellsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.