

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031219

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 56

FILED AUG 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
10050	
20050	
3	
4 0	
5 1	
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7 0	
8 2	
9/62.1	
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12 20-2	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXETER TWP.		Length of stay in 1b LIFE	c. CITY OR TOWN EXETER Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. N. Exeter		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mi. N. Exeter Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARK Middle RILEY Last MAY			4. DATE OF DEATH Month 8 Day 12 Year 63
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (last birthday) 61
11. BIRTHPLACE (City and state or country) Exeter, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dan May		13b. MOTHER'S MAIDEN NAME Lara Robertson	
14. NAME OF HUSBAND OR WIFE Clara Anderson May		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 499-07-2070		17. INFORMANT Clara May, Rt. 1, Exeter, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchigenic Carcinoma of left lung			INTERVAL BETWEEN ONSET AND DEATH 11 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Sept 18, 1962 to Aug 18, 1963 and last saw him alive on August 3, 1963 . Death occurred at 12:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Grace E. Cradling, DO</i> (Degree or title)		22b. ADDRESS Cassville, Mo.	22c. DATE SIGNED 8/14/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/14/63	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	23d. LOCATION (City, town, or county) (State) Barry Co., Mo.
24. FUNERAL DIRECTOR D.E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 8-14-63	26. REGISTRAR'S SIGNATURE <i>Grace Williamson</i>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 27 1963

Permit permit obtained 8-14-63
L.W.

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 Ray E. Wilberson

Licensed Embalmer No. 4883

P. O. Address Bozorth, 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.