

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19641

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

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5798 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY, OR TOWN <u>Rural "Trotter Sup"</u>		c. LENGTH OF STAY (in this place)	
c. CITY, OR TOWN <u>Rural "Trotter Sup"</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. W. of Carrollton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. W. of Carrollton</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUDA</u> b. (Middle) <u>MAY</u> c. (Last) <u>CARY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1950</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Oct. 28, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Months) (Days) <u>75</u>
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James B. Kay</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Bryson</u>	
14. NAME OF HUSBAND OR WIFE <u>Joel Cary</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Joel Cary</u> ADDRESS <u>Carrollton, Mo.</u>	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy</u> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		21. INTERVAL BETWEEN ONSET AND DEATH <u>334h</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ni</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12.45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kay Dickerson</u> (Degree or title) <u>3 Coron</u>		23b. ADDRESS <u>Boyard Mo</u>	
23c. DATE SIGNED <u>5/25/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>
DATE REC'D BY LOCAL REG. <u>5/27/50</u>	REGISTRAR'S SIGNATURE <u>Maxwell Calvert</u>	48 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo</u>	

RECEIVED

JUN 12 1950

District Health Officer No. 8,

District File Number _____

Date Filed 6/29/50

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 _____

Ben W. Gibson

Signed _____
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.