

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1613

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5587</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Repton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD WILLARD</u> b. (Middle) <u>AYRES</u> c. (Last) <u>AYRES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1949</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>Sept. 15, 1909</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	IF UNDER 2 HRS. Hours <u>3</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		
13a. FATHER'S NAME <u>John Ayres</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Quigley</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>494-12-0439</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Allen Ayres, Jasper, Mo.</u> ADDRESS				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acidosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2607</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>at time of death - Jan 18, 1949</u> , that I last saw the deceased alive on <u>Jan 18, 1949</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. Darwin Magee</u> (Degree or title) <u>D.O.P.</u>				23b. ADDRESS <u>Jasper, Mo</u>		23c. DATE SIGNED <u>1-19-'49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paradise</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 22, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SHARP & SELVEY</u> ADDRESS <u>Jasper, Mo</u>				

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

No. 300
10. 4849
8

Per g. Feyuen (Licensed Embalmer's Statement on Reverse Side)

49-1-65

FEB 7 1949

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 *Harold E. Simpson*

Licensed Embalmer No. *4288*

P. O. Address *Jasper 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.