

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20218

State File No. \_\_\_\_\_

FILED JUL 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5724 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eagle Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eagle Twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>North of Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Ayers</u> c. (Last) <u>Ayers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 3 1877</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jess Ayers</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Stone</u>	
14. NAME OF HUSBAND OR WIFE <u>Edith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edith Ayers</u>		ADDRESS <u>Macon, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <input checked="" type="checkbox"/> <u>Antecedent Causes</u>	
DUE TO (c) <input checked="" type="checkbox"/> <u>Obtetric of leg March 25 49</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>March 20</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca of Prostate Transurethral Resection</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>5:10</u> , 19 <u>48</u> , to <u>Apr 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 10</u> , 19 <u>49</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. P. Conroy M.D.</u> (Degree or title)		23b. ADDRESS <u>Macon MO</u>	
23c. DATE SIGNED <u>6-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Labor</u>		24d. LOCATION (City, town, or county) (State) <u>Atlanta MO</u>	
DATE REC'D BY LOCAL REG. <u>7-2-49</u>		REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u> 185	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding</u>		ADDRESS <u>Macon</u>	

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

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 7-49-11

Date Filed JUL 1 1 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 C. L. Stephens

Licensed Embalmer No. 3657

P. O. Address Macon, Ga

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.