

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26118

State File No. _____

BIRTH NO. 47417-49 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 943

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			d. STREET ADDRESS (If rural, give location) 3324 Allerton Parkway		
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Boy c. (Last) Ayers			4. DATE OF DEATH (Month) (Day) (Year) August 29, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH August 29, 1949	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2
IF UNDER 1 YEAR Days 30	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY ****	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Noble I. Ayers Jr.		13b. MOTHER'S MAIDEN NAME Ada Reed	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Noble I. Ayers			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia pallida				INTERVAL BETWEEN ONSET AND DEATH 2 1/4 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gross prematurity 3 lbs.				
	DUE TO (c) Premature labor				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Placenta previa; Premature separation of placenta.				7/6/15
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None.				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 8-29 , 1949, to 8-29 , 1949, that I last saw the deceased alive on Aug. 29 , 1949, and that death occurred at 6 PM m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H.C. Williamson M.D.			23b. ADDRESS 902 Edmond St., St. Joseph, Mo.		23c. DATE SIGNED 8/29/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
DATE REC'D BY LOCAL REG. Aug. 29, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins	382	FUNERAL DIRECTOR'S SIGNATURE Halton Keierhoffer	ADDRESS 1046 Colhoun St. St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NoT}embalmed by me, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Raymond H. Marchese
Licensed Embalmer No. 4413
P. O. Address St. Joseph, Ill.

Signed.....

Student Embalmer

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.