S. No. 300
v. 10-48

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

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39916

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Stoddard 103
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter 3
d. STREET ADDRESS (If rural, give location): E. Carter, Dexter 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): Prather
b. (Middle): Alvin
c. (Last): Ayers

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22, 1949

5. SEX: Male 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 3, 1899
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 7, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe-Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cooter, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: M. G. Ayers
13b. MOTHER'S MAIDEN NAME: Liza Oakley
14. NAME OF HUSBAND OR WIFE: Hannah Ayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 499-26-2235
17. INFORMANT'S SIGNATURE OR NAME: Hannah Ayers, **ADDRESS**: Dexter, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs
DUE TO (c) Cardio Vascular Renal Disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-12, 1949, *to* 11-22, 1949, *that I last saw the deceased alive on* 11-22, 1949, *and that death occurred at* 2:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): D
23b. ADDRESS: Dexter, Mo
23c. DATE SIGNED: 11-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-49
24c. NAME OF CEMETERY OR CREMATORY: #8 Cemetery
24d. LOCATION (City, town, or county) (State): Cooter, Missouri

DATE REC'D BY LOCAL REG.: 12-2-49
REGISTRAR'S SIGNATURE: Velma V. Jenkins 499
25. FUNERAL DIRECTOR'S SIGNATURE: Strickland-Rainey **ADDRESS**: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 6 194
District Health Office No. 2
District File Number 1349-12
Date Filed

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 B J Brentlinger

Signed .....
Student Embalmer

Licensed Embalmer No. 4201

P. O. Address Dexter 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.