

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4630

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5501 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Home Rural Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Township</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mile south of Halfield</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home Washington Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caleb</u> b. (Middle) <u>Maxen</u> c. (Last) <u>Ayers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7 50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Feb 22 1872</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Harrison County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u></u>	

13a. FATHER'S NAME <u>Joshua M Ayers</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna Ann Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Blanch Ayers Deceased</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></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Millard Ayers Halfield MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate & Bladder</u>		DUE TO (b) <u>Chronic interstitial nephritis</u>		<u>2 yrs.</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 (c) <u>Arteriosclerosis</u>		<u>12 yrs +</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>177X</u>	

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., to 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 Dec 15, 1949, to Mar 7, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Brun D.</u> (Degree or title)		23b. ADDRESS <u>New Hampton Mo</u>		23c. DATE SIGNED <u>3-9-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Mar 10 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Chapple</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrison County MO</u>					

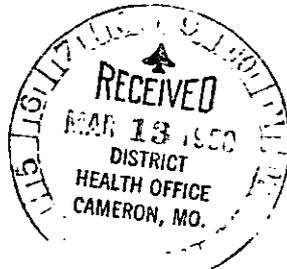
DATE REC'D BY LOCAL REG. <u>MZY 11 1950</u>		REGISTRAR'S SIGNATURE <u>Chas Adair 119</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Noble New Hampton</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

410
7

11 11 1950

(Licensed Embalmer's Statement on Reverse Side)



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.

Signed _____

W. G. Noble

Signed _____

Student Embalmer

Licensed Embalmer No. *2964*

P. O. Address _____

New Hampton

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.