

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9964

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 4

0880

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> <u>DX 80</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.#2</u> <u>7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D.#2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rulo</u> b. (Middle) <u>Francis</u> c. (Last) <u>Ayers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>2-27-1895</u>		9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>telegrapher &amp; clerk</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe. R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles Ayers</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Callie Ayers</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>710-01-6896</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Callie Ayers; Huntsville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>			DUE TO (b) <u>arteriosclerosis</u>			2 mos		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>cerebral hemorrhage</u>			D.K. 4 1/2 yr		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7 yr		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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)		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 Feb 3, 1948, to March 7, 1950, that I last saw the deceased alive on Mar. 7, 1950, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURES (Degree or title) <u>D. V. Dreyer M.D.</u>		23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>3/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3-10-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. A. Barnhart</u> <u>270</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B. Patton Huntsville</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 26 1950

JUL 11 1955

RECEIVED MAR 15 1950  
District Health Officer No.  
District File Number 3-57-46  
Date Filed MAR 15 1950

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.