

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27496

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>4315</u>		Registrar's No. _____	
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>LaPlata</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaPlata</u>		<u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Owenby Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Ayers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 11, 1860</u>	
9. AGE (In years last birthday) <u>90</u>		10. MONTHS <u>4</u>		11. DAYS <u>17</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>		11. BIRTHPLACE (State or foreign country) <u>LaPlata, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Gilbreth</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Burrus</u>		14. NAME OF HUSBAND OR WIFE <u>John Ayers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Daniel, LaPlata Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic and degenerative heart disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 21, 1942</u> to <u>Aug 28, 1950</u> that I last saw the deceased alive on <u>8-28</u> , 1950, and that death occurred at <u>11:00p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Milton T. Engle, Jr. M.D.</u>				23b. ADDRESS <u>Kilbourne, Missouri</u>		23c. DATE SIGNED <u>Sept. 1, 1950</u>	
24a. BURIAL - CREMATION - REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaPlata</u>		24d. LOCATION (City, town, or county) (State) <u>LaPlata Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 5 1950</u>		REGISTRAR'S SIGNATURE <u>Wm O. B. Griffin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Guster</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

(21)

RECEIVED 9.12.50
JACON COUNTY HEALTH DEPARTMENT
County File No. 9.50.179
Date Filed 9.13.50

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 _____

D. S. Christie

Licensed Embalmer No. 1109

P. O. Address *La Plata 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.