

FILED SEP 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30277

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 30277

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 444 No Northeast Hosp.		d. STREET ADDRESS (If rural, give location) 444 No Wheeling	

3. NAME OF DECEASED (Type or Print) ARTHUR CHESTER AYERS			4. DATE OF DEATH (Month) (Day) (Year) 9/8/50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/26/1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Albert Ayers		13b. MOTHER'S MAIDEN NAME Emanda Chard		14. NAME OF HUSBAND OR WIFE Lillian Roe Ayers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 45-20-7389		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Ayers 444 No Wheeling	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		8 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		unk.
DUE TO (c)		unk.	4201
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. adeno carcinoma of the head of pancreas with metastasis to the pylorus		unk.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION stas.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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 9/1/50, 19 , to 9/8/50, 19 , that I last saw the deceased alive on 9/8/50, 19 , and that death occurred at 9.25 P m., from the causes and on the date stated above.

23a. SIGNATURE Frank E. Day (Degree or title)		23b. ADDRESS 4314 29th. N.E. Mo		23c. DATE SIGNED 9-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/1950		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24d. LOCATION (City, town, or county) (State) Kansas City Mo		25. FUNERAL DIRECTOR'S SIGNATURE John P. Schindler		ADDRESS K C Mo.	
DATE REC'D BY LOCAL REG. 9-11-50		REGISTRAR'S SIGNATURE Sheraldine Holmes			

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 embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John P. Shield

Licensed Embalmer No. 3625

P. O. Address K E Md

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.