

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33169

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp. 8370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Owensville Route		d. STREET ADDRESS (If rural, give location) Owensville, Route	
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) Eveline Victoria Rebecca Aytes			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 7, 1868.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
11. BIRTHPLACE (State or foreign country) Texas County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Landon Brown		13b. MOTHER'S MAIDEN NAME Grace Nicks	14. NAME OF HUSBAND OR WIFE Sylvester Aytes
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. ***	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leslie Aytes Owensville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 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 10-13, 1950, to 10-19, 1950, that I last saw the deceased alive on 10-17, 1950, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Ronald Bennett, M.D.</i>		23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 10-20-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-21-1950	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
DATE REC'D BY LOCAL REG. Oct. 22, 1950	REGISTRAR'S SIGNATURE <i>Dorothy Duckman Hallard</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter H. N. Winter</i>	ADDRESS OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV - 3 1950
DISTRICT HEALTH OFFICE No. 4
File No.

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 M

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Melvin H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.