

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19124

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6109 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY SCOTLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY SCOTLAND	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL JEFFERSON TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL JEFFERSON TOWNSHIP	
c. LENGTH OF STAY (In this place) 10 YRS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) DORA		b. (Middle) FLORENCE	
c. (Last) AYLWARD		4. DATE OF DEATH (Month) (Day) (Year) MAY 18 1951	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 10, 1866
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) SCOTLAND Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME ALEXANDER ADAMS		13b. MOTHER'S MAIDEN NAME SARAH THOMAS	
14. NAME OF HUSBAND OR WIFE JOHN T. AYLWARD		17. INFORMANT'S SIGNATURE OR NAME Paul Aylward	
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. NONE	
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) acute nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Staphylococci infection DUE TO (c) from squirrel bite II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) 6926	
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 3/2 , 19 51 , to 5/16 , 19 51 , that I last saw the deceased alive on 5/16 , 19 51 , and that death occurred at 8 P m., from the causes and on the date stated above.	
23a. SIGNATURE P M Baker		23b. ADDRESS Memphis Mo.	
23c. DATE SIGNED 5/21/51		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 5-21-1951		24c. NAME OF CEMETERY OR CREMATORY MEMPHIS	
24d. LOCATION (City, town, or county) (State) MEMPHIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	
DATE REC'D BY LOCAL REG. 7.5.2.51		REGISTRAR'S SIGNATURE P M Baker	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS Memphis	

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

Date Received: MAY 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-1013
Date Filed: MAY 29 1951

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 *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.