

## STANDARD CERTIFICATE OF DEATH

State File No. 32368

FILED SEP 18 1951

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Washington</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Potosi. Rt 1</b>		c. LENGTH OF STAY (in this place) <b>Liberty Iyrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Town Potosi Rt 1</b>		Liberty
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <b>John</b>		a. (First)	b. (Middle)	c. (Last) <b>Ayres</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 9 1951</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>8-6-1871</b>	9. AGE (In years last birthday) <b>80</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Hickory County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William A. Ayres</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Daugherty</b>	14. NAME OF HUSBAND OR WIFE <b>Lara Ayres. (deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs William Cresswell Potosi, Rt 1 Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>				
	DUE TO (c)				
	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 <b>4201</b>				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 <b>September 19</b> , to <b>September 19</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>September 19</b> , and that death occurred at <b>8</b> A. M., from the causes and on the date stated above.					
23a. SIGNATURE <b>Joseph L. Florman - M.D.</b> (Degree or title) <b>Coroner 3</b>			23b. ADDRESS <b>Potosi, Mo.</b>		23c. DATE SIGNED <b>9-10-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-11-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Berryman Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Berryman, Mo</b>		
DATE REC'D BY LOCAL REG. <b>9/10/51</b>	REGISTRAR'S SIGNATURE <b>Herbert Redall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SMITH-HIGGINBOTHAM, F.H., Potosi, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 11 1951

WASH. COUNTY HEALTH DEPT.

File No. 951 - 229

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Missouri

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.