

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1880

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>3037</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY OR TOWN <u>Mt Vernon</u>		c. LENGTH OF STAY (in this place) <u>74 yrs</u>		c. CITY OR TOWN <u>Mt Vernon Mo 65577</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLause #328</u>				d. STREET ADDRESS (If rural, give location) <u>McLause st 328</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u>			b. (Middle) <u>L.</u>		c. (Last) <u>Ayers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1952</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>May 19-1877</u>	
9. AGE (In years last birthday) <u>74</u>		if UNDER 1 YEAR Months <u>7</u> Days <u>26</u>		if UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Henry Fasset</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Vance</u>		14. NAME OF HUSBAND OR WIFE <u>Dee Ayers</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Burlison Mt Vernon</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Uremic Poisoning</u>				<u>3 days</u>	
		DUE TO (c) <u>Cerebral Hemorrhage</u>				<u>11 mos.</u>	
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 (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 <u>Oct 7, 1951</u> to <u>Jan 14, 1952</u> , that I last saw the deceased alive on <u>Jan 14, 1952</u> , and that death occurred at <u>6:33 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold E. George D.O.</u>				23b. ADDRESS <u>Mt Vernon Mo</u>		23c. DATE SIGNED <u>Jan 15, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spanish Fort</u>		24d. LOCATION (City, town, or county) (State) <u>3 mi south of Mt Vernon (Mo)</u>	
DATE REC'D BY LOCAL REG. <u>1-19-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H E Fasset Mt Vernon Mo</u>			

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H W Fossett

Licensed Embalmer No. 2201

P. O. Address. INT JERMON 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.