

# STANDARD CERTIFICATE OF DEATH

State File No. 13

No. 300

10.48

FILED MAR 10 1952

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                     |                                  | REG. DIST. NO. <u>322</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | PRIMARY REG. DIST. NO. <u>3071</u>                                                                                                        |  | Registrar's No. <u>13</u>                                                               |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>                                                                                                                                                                                                        |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> |  |                                                                                         |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Slater</u>                                                                                                                                                       |                                  | c. LENGTH OF STAY (in this place)<br><u>2 years</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Marshall</u>                                           |  | <u>1972</u>                                                                             |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Jarvis Invalid Home</u>                                                                                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | d. STREET ADDRESS (If rural, give location)<br><u>462 South Lafayette</u>                                                                 |  |                                                                                         |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Frank</u>                                                                                                                                                                                                 |                                  | a. (First) <u>Leslie</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | c. (Last) <u>Ayres</u>                                                                                                                    |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 7th, 1952</u>                         |  |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                               | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>                                                                                                                                                                                                                                                                                                                                                                                        |  | 8. DATE OF BIRTH<br><u>Sept. 11, 1859</u>                                                                                                 |  | 9. AGE (In years last birthday) Months Days Hours Mins.<br><u>92</u> <u>5</u> <u>26</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Justice of the peace &amp; collection agency, Saline Co. MO.</u>                                                                                  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Mo.</u>                                                                          |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                           |  |
| 13a. FATHER'S NAME<br><u>Benjamin Ayres</u>                                                                                                                                                                                                         |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14. NAME OF HUSBAND OR WIFE<br>-----                                                                                                      |  |                                                                                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>                                                                                                                                                                      |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs L.M. Steele, Marshall, Mo.</u>                                                        |  |                                                                                         |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis with failure</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chr. Nephritis</u><br>DUE TO (c) <u>Chr. Nephritis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                           |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><u>years</u>                       |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                              |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>592X</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                           |  | 20. AUTOPSY?<br>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 checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                               |  | 21f. HOW DID INJURY OCCUR?                                                                                                                |  |                                                                                         |  |
| 22. I hereby certify that I attended the deceased from <u>July 15, 1945</u> , to <u>Mar. 7, 1952</u> , that I last saw the deceased alive on <u>Mar. 5, 1952</u> and that death occurred at _____ m., from the causes and on the date stated above. |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                           |  |                                                                                         |  |
| 23a. SIGNATURE (Degree or title)<br><u>W. Mc Gurney M.D.</u>                                                                                                                                                                                        |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 23b. ADDRESS<br><u>Slater Mo.</u>                                                                                                         |  | 23c. DATE SIGNED<br><u>3/7/52</u>                                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                          |                                  | 24b. DATE<br><u>March 9, 1952</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ridge Park cemetery</u>                                                                          |  | 24d. LOCATION (City, town, or county) (State)<br><u>Marshall, Mo.</u>                   |  |
| DATE REC'D BY LOCAL REG.<br><u>3/8/52</u>                                                                                                                                                                                                           |                                  | REGISTRAR'S SIGNATURE<br><u>Mrs. Earl C. Metz</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>CAMPBELL-LEWIS-MARSHALL-MO.</u>                                                                    |  | ADDRESS: _____                                                                          |  |

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jan. H. Davis*

Licensed Embalmer No. 1171

P. O. Address Marshall 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.