

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15280**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY NEW MADRID			
b. CITY (If outside corporate limits, write RURAL and give township) SIKESTON		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) LILBOURN		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print)		a. (First) AMELIA		b. (Middle) JOSEPHINE		c. (Last) AYERS	
4. DATE OF DEATH (Month) (Day) (Year) APRIL 19, 1952							
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT. 20, 1875		9. AGE (In years last birthday) 76	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) NEW MADRID COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME BILLY TILL		13b. MOTHER'S MAIDEN NAME AMANDA SMITH		14. NAME OF HUSBAND OR WIFE ALBERT AYERS			
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 MABEL MAYNARD, ST LOUIS, MISSOURI			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, severe DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 11	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 19, 1951 , to April 19, 1952 , that I last saw the deceased alive on April 19, 1952 , and that death occurred at 7 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles E. Reed M.D.				23b. ADDRESS 1215 N. Main St., No. 14. D.		23c. DATE SIGNED 21 Apr 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-52		24c. NAME OF CEMETERY OR CREMATORY Mounds Park		24d. LOCATION (City, town, or county) (State) Lilbourn, Mo.	
DATE REC'D BY LOCAL REG. 4-25-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bonds Funeral Home Lilbourn, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Reed
Bonds Funeral Home

RECEIVED APR 28 195

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 752-1

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-----

working under my personal supervision.

Student Embalmer No.

Signed

Wm L. Ponder

Signed.....

Student Embalmer

Licensed Embalmer No. 3367

P. O. Address

Lilbourn, 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.