

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

37343

OCT 27 1952

No. 300  
V. 10.48

0980

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6098 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Schuylers</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuylers</u>	
b. CITY OR TOWN <u>Lancaster</u>		c. CITY OR TOWN <u>Lancaster</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty Township</u>		d. STREET ADDRESS <u>Liberty Township</u>	
3. NAME OF DECEASED (Type or Print) <u>William Frances Ayer</u>		a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>AYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18 52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 1, 1874</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Schuylers County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Harrison H. Ayer</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Pruner</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Ayer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Ayer, Lancaster</u> ADDRESS _____	
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>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Mortal conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>  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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., street, home, farm, factory, street, office, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331x</u>	
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 6, 1952</u> , to <u>Oct 18, 1952</u> , that I last saw the deceased alive on <u>Oct 15, 1952</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R.E. Vaughn D.O.</u> (Degree or title)		23b. ADDRESS <u>Lancaster, Mo.</u>	23c. DATE SIGNED <u>10/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Webster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schuylers Mo.</u>
DATE REC'D BY LOCAL REG. <u>10/23/52</u>	REGISTRAR'S SIGNATURE <u>Chas. B. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brice V. Norman</u> ADDRESS <u>Lancaster, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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~~ \_\_\_\_\_

*True E. Morehead*

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

working under my personal supervision.

Student .....

Student Embalmer

Signed

*True E. Morehead*

Licensed Embalmer No. *3731*

P. O. Address *Lancaster, 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.