

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24018**

FILED **AUG 5 - 1953**
BIRTH NO. **49182** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **321**

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 11 days	c. CITY OR TOWN Rural (Liberty)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			d. STREET ADDRESS (If rural, give location) R.F.D. #4, Dexter, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Lee	c. (Last) Ayers	4. DATE OF DEATH (Month) (Day) (Year) 7 - 28 - 53	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 5, 1953	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR: Months 23 Days 1
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dexter, Mo. R.F.D. #4		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Emma Lee Ayers		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Emma Lee Ayers ADDRESS Dexter, Mo. R. 4		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidemic diarrhea of new born ANTECEDENT CAUSES DUE TO (b) etiology unknown DUE TO (c) II. OTHER SIGNIFICANT-CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7640		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 7-16, 1953 , to 7-28, 1953 , that I last saw the deceased alive on 7-28, 1953 , and that death occurred at 12:00m. , from the causes and on the date stated above.					
23a. SIGNATURE W. W. ... (Degree or title)			23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 7-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-28-53	24c. NAME OF CEMETERY OR CREMATORY Dexter Colored		24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 8/1/53	REGISTRAR'S SIGNATURE R. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.		

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

AUG 3 - 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Body not Embalmed