

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27569**

FILED SEP 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **274**

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Green City</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grim-Smith Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. # 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>Merrit</b> c. (Last) <b>Ayers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 24 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 5, 1897</b>		9. AGE (In years last birthday) <b>56</b>		10. UNDER 1 YEAR: Months _____ Days _____	
11. UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>			

13a. FATHER'S NAME <b>Welcome Ayers</b>		13b. MOTHER'S MAIDEN NAME <b>Etta Shaver</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Ayers</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>487-34-6215</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mildred Ayers, Green City, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mesenteric thrombosis</b>				<b>24 hrs</b>	
		ANTECEDENT CAUSES					
		DUE TO (b) <b>Abdominal injury + perforated bowel from being kicked by a horse</b> DUE TO (c) <b>E9281</b>				<b>2 1/2 days</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3</b>					

19a. DATE OF OPERATION <b>8/21/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Perforation of jejunum + retroperitoneal hemorrhage</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Buchanan Sullivan Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>aug 20 1953 5Pm.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Kicked by horse</b>	

22. I hereby certify that I attended the deceased from **Aug 20, 1953**, to **Aug 23, 1953**, that I last saw the deceased alive on **Aug 22, 1953**, and that death occurred at **7:20 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George E. Gain MD</b>		23b. ADDRESS <b>Kirkville, Missouri</b>		23c. DATE SIGNED <b>8/24/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 26, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Green City, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>8-28-53</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent &amp; Son, Green City, Mo.</b>		ADDRESS	
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SEP 3 1956

OCT 23 1956

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.