

STANDARD CERTIFICATE OF DEATH

4673

State File No.

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 42

0461

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Iron Bridge</u>	
c. LENGTH OF STAY (In this place) <u>1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>R 2 D 0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Stoyan</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thos. Eugene</u> b. (Middle) <u>Aylor</u> c. (Last) <u>Aylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-54</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>M</u>		8. DATE OF BIRTH <u>4-11-1877</u>		9. AGE (In years last birthday) <u>76</u> 10. IF UNDER 1 YEAR (Months) (Days) <u>102</u>		11. IF UNDER 24 HRS. (Hours) (Min.)	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Melbourne, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Wm Aylor</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Cone</u>			14. NAME OF HUSBAND OR WIFE <u>Miss C. Aylor</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. Aylor, Iron Bridge</u>				ADDRESS	
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma-head of pancreas</u>								<u>8 Mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>157X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11/12, 1953 to 2/13, 1954, that I last saw the deceased alive on 2/13, 1954 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Callihan</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>West Plains, Missouri</u>		23c. DATE SIGNED <u>2/24/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>2-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wetherington</u>		24d. LOCATION (City, town or county) (State) <u>Iron Bridge, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-3-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Matthews</u>		ADDRESS <u>West Plains, Mo</u>	
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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

A. A. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Plain*

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.