

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15370**
Registrar's No. **54-39**

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5346		Registrar's No. 54-39	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) Rural So. Morgan twp.		c. LENGTH OF STAY (in this place) 3 years		c. CITY OR TOWN Rural So. Morgan Twp.		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. West of Dadeville				STREET ADDRESS (If rural, give location) 3 mi. West of Dadeville; Route 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Ernest		b. (Middle) Elmer		c. (Last) Ayers	
4. DATE OF DEATH		(Month) June		(Day) 5		(Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 Widowed	8. DATE OF BIRTH Jan. 8, 1892		9. AGE (In years last birthday) 62	10. IF UNDER 1 YEAR Months 4 Days 27	11. IF UNDER 1 YEAR Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Ottawa County, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward J. Ayers		13b. MOTHER'S MAIDEN NAME Rachel Pixley		14. NAME OF HUSBAND OR WIFE Ann Ayers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 313-14-7417		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rachel Ayers; Rt. #1, Dadeville, Mo.			
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) Ventricular flutter ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19b. MAJOR FINDINGS OF OPERATION 4331		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) _____		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 6-5 , 19 54 to 6-8 , 19 54 , that I last saw the deceased alive on 6-5 , 19 54 , and that death occurred at 10:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. O. Cowan M.D.		23b. ADDRESS Greenfield, Missouri		23c. DATE SIGNED 6-6-1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 1954		24c. NAME OF GEMETERY OR CREMATORY Greenfield, Cemetery		24d. LOCATION (City, town, or county) (State) Greenfield, Missouri	
DATE REC'D BY LOCAL REG. 6-6-1954		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada Greenfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 1957

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 419

P. O. Address Greenfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.