

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JAN 24 1955

State File No. **181**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **50**

1. PLACE OF DEATH
a. COUNTY **Buchanan** **4**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph** c. LENGTH OF STAY (In this place) **30 Yrs.**
c. CITY OR TOWN **St. Joseph** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3225 So. 11th St. Parkview at Sunnyslope** f. STREET ADDRESS (If rural, give location) **1422 Prospect Ave.** **01170**

3. NAME OF DECEASED a. (First) **CHARLES** b. (Middle) _____ c. (Last) **AYERS** **4. DATE OF DEATH** (Month) (Day) (Year) **Jan. 15/55**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **Nov. 16, 1874** **9. AGE** (In years last birthday) **80** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Section Foreman** **10b. KIND OF BUSINESS OR INDUSTRY** **Railroad** **11. BIRTHPLACE** (City and State or Foreign Country) **Indiana** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Unknown** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** **16. SOCIAL SECURITY NO.** **500-07-2419** **17. INFORMANT'S SIGNATURE OR NAME** **Eugene Ayers** **ADDRESS** **Topeka, Kans**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerosis** **Interval between onset and death** **3 mo.**
ANTECEDENT CAUSES **Heart disease**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) **Arteriosclerosis** **6 mo.**
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** **4200** **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 **Oct. 22, 1954, to Jan. 15, 1955,** **that I last saw the deceased alive on** **Jan. 14, 1955** **and that death occurred at** **9:47 a.m.,** **from the causes and on the date stated above.**

23a. SIGNATURE **(Degree or Title)** **23b. ADDRESS** **218 N. Seventh St. St. Joseph 54, Missouri** **23c. DATE SIGNED** **1-17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **Jan. 16/55** **24c. NAME OF CEMETERY OR CREMATORY** **Rochester Cemetery** **24d. LOCATION (City, town, or county) (State)** **Topeka, Ind. Kans.**

DATE REC'D BY LOCAL REG. **Jan 19, 1955** **REGISTRAR'S SIGNATURE** **4-23** **25. FUNERAL DIRECTOR'S SIGNATURE** **Barry Funeral Home, St. Joseph** **ADDRESS** _____
(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1958

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 *Victor J. Barry*.....

Licensed Embalmer No. *H.A.*.....

P. O. Address *S.T. Jones*.....

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.