

No. 300
10-48

14756

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 2 1955

BIRTH NO. 28272-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN Poplar Bluff
c. LENGTH OF STAY (in the place) 1 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE MO. b. COUNTY Demarcat
c. CITY OR TOWN Caruthville d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) E 7th St

3. NAME OF DECEASED (Type or Print)
a. (First) REGINALD b. (Middle) LYNN c. (Last) AYERS

4. DATE OF DEATH (Month) (Day) (Year)
May 18-1955

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH May-7-1905

9. AGE (In years last birthday)

10. UNDER 1 YEAR Months 11 11. UNDER 1 WKS. Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Rubert W Ayers

13b. MOTHER'S MAIDEN NAME Bernice Glass

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Rubert W. Ayers Caruthville

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) Prematurity
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.
176X

INTERVAL BETWEEN ONSET AND DEATH MO.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) m.

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 5-7-, 1955, to 5-18-, 1955, that I last saw the deceased alive on 5-18, 1955, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin P. Barbour MD

23b. ADDRESS Poplar Bluff, Mo.

23c. DATE SIGNED 5/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5-18-1955

24c. NAME OF CEMETERY OR CREMATORY H.S. Cemetery

24d. LOCATION (City, town, or county) (State) Cooter MO.

DATE REC'D BY LOCAL REG. 5/24/55

REGISTRAR'S SIGNATURE R. W. Minette

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS La Forge and Co. Caruthville MO.

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

RECEIVED
MAY 31 1955
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 _____
Signature of Student Embalmer

Signed *Noel C. Deon*

Licensed Embalmer No. *398*
P. O. Address *Caruth*

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.