

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19433

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>200</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>				
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN <u>Lancaster</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KOH Kirkville</u>				e. STREET ADDRESS (If rural, give location) <u>09801</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Robert</u> c. (Last) <u>AYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-22-56</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>APR 1 1868</u>		
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James R Ayer sr</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Myers</u>			14. NAME OF HUSBAND OR WIFE <u>Mattie Ayer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>			16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn O Ayer</u> ADDRESS <u>Lancaster</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock due to Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebotrombosis right leg</u> DUE TO (c) <u>Fracture right femur</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BENIGN PROSTATIC HYPERTROPHY</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u> <u>6 DAYS</u>	
19a. DATE OF OPERATION <u>6-17-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture right femur</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>098</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>6-16</u> , 19 <u>56</u> , to <u>6-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-22</u> , 19 <u>56</u> , and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Glenn O Ayer D.O.</u>				23b. ADDRESS <u>800 W. Jefferson</u>		23c. DATE SIGNED <u>6-22-56</u>		
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>6-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-27-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morsehead Norman, Lancaster</u> ADDRESS <u>mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MS DEC 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David E. Foster*.....

Licensed Embalmer No. *474*.....

P. O. Address *Fiskville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.