S. No. 300
v. 10-48

FILED FEB 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. 3331

BIRTH NO. _____ REG. DIST. NO. 923 PRIMARY REG. DIST. NO. 6098 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty
c. LENGTH OF STAY (in this place) 9mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Liberty
d. STREET ADDRESS (If rural, give location) Liberty T. S.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Ayer

4. DATE OF DEATH (Month) Feb (Day) 2 (Year) 57

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W

8. DATE OF BIRTH June 17 1877

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 7 Days 15 IF UNDER 24 HRS. 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 Farmer

11. BIRTHPLACE (State or foreign country) Schuyler Co. Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John A Ayer

13b. MOTHER'S MAIDEN NAME Lucinda Meyers

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Carl Hower ADDRESS Lancaster Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 1 year
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart failure — 6 months

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION 332X

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* 10-5, 1954, *to* Feb. 2, 1957, *that I last saw the deceased alive on* Feb. 1, 1957, *and that death occurred at* 2:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE N.R. Stoker (Degree or title) MD **23b. ADDRESS** Lancaster, Mo. **23c. DATE SIGNED** 2-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Feb 11-57 **24c. NAME OF CEMETERY OR CREMATORY** Fabius **24d. LOCATION** (City, town, or county) E Lancaster (State) Mo

DATE REC'D BY LOCAL REG. 2-4-57 **REGISTRAR'S SIGNATURE** Thos. A. Drake

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Merchant-Norman Lancaster Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Iva E Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville

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.