S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9569

FILED MAR 19 1957

BIRTH NO. 16693-57 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Pemiscot 0781
b. CITY OR TOWN Hayti
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN Cottonwood
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location) 0782

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

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1957

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb 27 1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 30 Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Cottonwood Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hershel Ayers
13b. MOTHER'S MAIDEN NAME Mary Lou Prince
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Hershel Ayers ADDRESS Hayti

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) Congenital defect of heart

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Enlargement of

DUE TO (c) probable patent

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. interseptal foramen

INTERVAL BETWEEN ONSET AND DEATH 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none 7544
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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* 2-27, 1957, *to* 3-1, 1957, *that I last saw the deceased alive on* 2-28, 1957, *and that death occurred at* 4:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE O. W. Cook (Degree or title) M.D.
23b. ADDRESS Caruthersville Mo.
23c. DATE SIGNED 3-8-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-2-1957
24c. NAME OF CEMETERY OR CREMATORY Little Prairie
24d. LOCATION (City, town, or county) Cottonwood Mo (State)

DATE REC'D BY LOCAL REG. 3-14-57
REGISTRAR'S SIGNATURE John W Gorman
25. FUNERAL DIRECTOR'S SIGNATURE Neal C Dean ADDRESS Cottonwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

406

3-71-57

MAR 18 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Noel C Dean

Licensed Embalmer No. 39 81

P. O. Address Caruthersville Mo

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