

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018012

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2364

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1900 Linwood Linwood Nursing		Length of stay in lbs. 14 yrs	d. STREET ADDRESS (If outside, give location) 1900 Linwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED Home (Type or print) ERNEST H. AYLER			4. DATE OF DEATH Month May Day 9 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 5, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Near Elm, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Percy Ayler		13b. MOTHER'S MAIDEN NAME Addie Stokley	
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) NO	
16. SOCIAL SECURITY NO. 497-26-2381		17. INFORMANT Address Baxter K. Ayler, 4754 Windson, K. C., Ks.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary bronchial-hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 hours 3-4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastasis of urinary bladder. DUE TO (c) Transitional cell carcinoma, Primary site in bladder.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio-sclerotic cerebral degeneration			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 21, 1958 to May 6, 1958 and last saw her alive on May 6th, 1958 Death occurred at 8:30 P.M. May 9th, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. Lloyd Stockwell M.D.</i> (Degree or title) D		22b. ADDRESS 600 Prof. Bldg. K. C. Mo.	
22c. DATE SIGNED 5/10/58			
23a. BURNAL, CREMATION, OR REMOVAL (Specify) Burial & Removal 5/12/58		23b. NAME OF CEMETERY OR CREMATORY Elm Spring Cemetery	
23c. LOCATION (City, town, or county) Elm, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eyler Funeral Home Woodland-Linwood		25. DATE RECD. BY LOCAL REG. 5-10-58	
26. REGISTRAR'S SIGNATURE <i>Mewa Minshall</i>			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
A. Lloyd Stockwell

All diseases in Part I must be causally related.

No. Lloyd Jackson
Pres. R. L. J.
No 1-1393

12-2 PM

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 James H. Hellenius, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. H. Hellenius

Licensed Embalmer No. 1217

P. O. Address

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.