Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024903
STATE FILE NUMBER

FILED AUG 14 1958 Registration District No. 67 # Primary Registration District No. 6268 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY CHRISTIAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST BENTON — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORDLAND RT 2 — Length of stay in 1b 2 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHRISTIAN
c. CITY OR TOWN FORDLAND 6226 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ROUTE 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle ALBERT Last AYERS
4. DATE OF DEATH Month July Day 14 Year 1958
5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH SEPT 1-1871
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — 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
11. BIRTHPLACE (City and state or country) STATE OF KANSAS 1
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs Ira Burke Fordland RT 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) "Prostatism" With Pyelitis + Purulent Urinary Cystitis — 2 weeks
DUE TO (c) Hypertrophy of Prostate Gland — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July-1-58, to July-14-1958 and last saw her/him alive on July-14/58
Death occurred at 4:50 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Gee (Degree or title) D.O. 2
22b. ADDRESS Seymour Mo.
22c. DATE SIGNED 7/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 18, 1958
23c. NAME OF CEMETERY OR CREMATORY UNION CHAPEL CEMETERY
23d. LOCATION (City, town, or county) (State) CHRISTIAN CO MO

24. FUNERAL DIRECTOR ADDRESS Kelley-Ferrell-Conner Fordland, MO
25. DATE RECD. BY LOCAL REG. Aug. 6-1958
26. REGISTRAR'S SIGNATURE Nannie Day.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Wm K. Ferrell

Licensed Embalmer No. 4910

P. O. Address Rogersville, N

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.