

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004959

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 93 Primary Registration District No. _____ Registrar's No. 59-26

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Morgan twp.		c. CITY OR TOWN Dadeville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3mi. W. Dadeville		Length of stay in 1b 8 years	
d. STREET ADDRESS R.F.D. #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Rachel Edith Ayers		4. DATE OF DEATH Month Mar. Day 9 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1868
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 0 Days 29 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Clarinda, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edwin Pixley		13b. MOTHER'S MAIDEN NAME Mary Frances Paul	
14. NAME OF HUSBAND or wife deceased Edward J. Ayers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Donald Ayers; R.#1, Dadeville, Mo.		Address	
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 Infarct of lung		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 465X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <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 3-2-59 to 3-9-59 and last saw her alive on 3-8-59 Death occurred at 1:20 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. C. Canada (Degree or title) M.D.		22b. ADDRESS Greenfield, Mo.	
22c. DATE SIGNED 3-11-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 11, 1959	
23c. NAME OF CEMETERY OR CREMATORY Greenfield Cem.		23d. LOCATION (City, town, or county) (State) Greenfield, Mo.	
24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. 3-11-59	
26. REGISTRAR'S SIGNATURE J. C. Canada			

(Licensed Embalmer's Statement on Reverse Side)

W. O. Cowan, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *J. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.