

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018752
STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 291 Primary Registration District No. Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worthington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Worthington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Length of stay in 1b		d. STREET ADDRESS R.R.#1		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Susan Alice Ayer				4. DATE OF DEATH Month Day Year June 3, 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 December 31, 1883	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months 5 Days 3 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Adair County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Chauncey Duncan				14. MOTHER'S MAIDEN NAME Nancy Goff			
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. none		17. INFORMANT Bessie Lynn Lwonia 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) Transition and Debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatous of liver - primary site unknown DUE TO (c) Months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hemorrhage from upper bowel 1562							INTERVAL BETWEEN ONSET AND DEATH weeks
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 Month, Day, Year a. m. p. m.							
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 4-21-59 to 6-3-59 and last saw her alive on 6-2-59 Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. R. Stokes, DO.				(Degree or title) 2		22b. ADDRESS Lancaster, Mo.	
22c. DATE SIGNED 6-5-59							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 5, 1959		23c. NAME OF CEMETERY OR CREMATORY Webster Cemetery		23d. LOCATION (City, town, or county) (State) Adair County	
24. FUNERAL DIRECTOR Norman Funeral Home, Lancaster, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-5-59	
26. REGISTRAR'S SIGNATURE Marvell Durbin							

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joseph B. Foster

Licensed Embalmer No. 47

P. O. Address *Ficksville*

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