

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013786

FILED VS MAR 14 1960

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. Registrar's No. 16

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEAR FARMINGTON -rural		Length of stay in 1b	c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) FARMINGTON MO RT. 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JULIUS EDWARD AYERS			4. DATE OF DEATH Month Day Year MAR. 4 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 19 1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) STE. GENEVIEVE	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME ELACKUM AYERS		13b. MOTHER'S MAIDEN NAME EMILY DE VAUL		14. NAME OF HUSBAND OR WIFE ANNIE AYERS		
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. 488-03-8339	17. INFORMANT Address MRS LIONEL AYERS FARMINGTON MO RT. 3			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the prostate DUE TO (b) & wide spread metastases DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 15 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Month, Day, Year 11:00 p.m. Dec 19 1958		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 Dec 19 1958 to 3/4/60 and last saw him alive on Feb 29, 1960 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE R. A. Huckstep M.D. (Degree or title)			22b. ADDRESS Farmington, Mo		22c. DATE SIGNED 3/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 6 1960	23c. NAME OF CEMETERY OR CREMATORY PARKVIEW		23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO		
24. FUNERAL DIRECTOR C.H. COZEAN FARMINGTON MO			25. DATE RECD. BY LOCAL REG. 3/7/60	26. REGISTRAR'S SIGNATURE Dwight Barber		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 15 196

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

Student _____
Signature of Student Embalmer

Signed C. Hoyle

Licensed Embalmer No. 409

P. O. Address Farmington

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