

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013819

FILED VS APR 1 1960 333

Registration District No. 3074 Primary Registration District No. 83 Registrar's No. 83

STATE FILE NUMBER

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|---|--|---|--|--|--|---------------------|
| 1. PLACE OF DEATH a. COUNTY Scott | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | Length of stay in 1b 1 week | c. CITY OR TOWN Sikeston | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Delta Comm. Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 729 E. Kathleen | | |
| 3. NAME OF DECEASED (Type or print) First Susie Middle Viola Last Ayers | | | 4. DATE OF DEATH Month 3 Day 17 Year 60 | | | |
| 5. SEX Female | 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 9-7-1884 | 9. AGE (last birthday) 75 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | 11. BIRTHPLACE (City and state or country) Obion Co., Tenn. | | 12. CITIZEN OF WHAT COUNTRY USA. | |
| 13a. FATHER'S NAME James Monroe Morrow | | 13b. MOTHER'S MAIDEN NAME Nancy Elizabeth Greer | | 14. NAME OF HUSBAND OR WIFE Thomas W. 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. 499-42-1716 | 17. INFORMANT 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) A.C.V Disease | | | | | 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) Fractured left hip | | | | | 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 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 Sikeston | | COUNTY MO |
| 21. I attended the deceased from _____ to 3-17-60 and last saw her ^{her} alive on 3-17-60 Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE Adena B. Sargent (Degree or title) | | | 22b. ADDRESS Sikeston, MO | | 22c. DATE SIGNED 3-18-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-19-60 | 23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery | | 23d. LOCATION (City, town, or county) (State) R#1, Bertrand, Mo. | | |
| 24. FUNERAL DIRECTOR Funerals & Burial ADDRESS Sikeston, Mo. | | 25. DATE RECD. BY LOCAL REG. 3/26/60 | | 26. REGISTRAR'S SIGNATURE Mrs. Edith Hunter | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 Edward E. Amundson

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo

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.