

## FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037187

FILED VS OCT 4 1960 361

STATE FILE NUMBER

Registration District No. Primary Registration District No. 6122 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Buchanan Twp.</b>		Length of stay in lb <b>Life</b>		c. CITY OR TOWN <b>Green Castle</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home 7 mi. N. Green City</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>Virgil</b> Middle <b>Lester</b> Last <b>Ayers</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>16,</b> Year <b>1960</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/28/1895</b>		9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>General farming</b>				11. BIRTHPLACE (City and state or country) <b>Green Castle, Mo.</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Welcome Ayers</b>				13b. MOTHER'S MAIDEN NAME <b>Carrie Btta Shaver</b>				14. NAME OF HUSBAND OR WIFE <b>Minnie Thompson Ayers</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>496-42-1352</b>				17. INFORMANT <b>Mrs. James Phillips, Green City, Mo.</b>				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) <b>CORONARY THROMBOSIS</b> DUE TO (b) <b>CORONARY SCLEROSIS</b> DUE TO (c) <b>4 years</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>			
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 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		COUNTY		STATE							
21. I attended the deceased from <b>May 13 1947</b> to <b>Sept 16/1960</b> and last saw him alive on <b>September 4, 1960</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <b>R.D. Smith D.O.</b> (Degree or title)				22b. ADDRESS <b>Green City, Mo</b>				22c. DATE SIGNED <b>9/18/60</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/19/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Thompson Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Sullivan County, Mo.</b>							
24. FUNERAL DIRECTOR <b>Glenn E. Fentler, Green City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-24-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. M.W. Beckett</b>									

(Licensed Embalmer's Statement on Reverse Side)

0961 7 100

### 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

*Karl R. Fent*

Licensed Embalmer No. 4689

P. O. Address Green City,

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.