

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010127

STATE FILE NUMBER

AMENDED

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 30

FILED VS MAR 16 1961

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Length of stay in 1b <u>12 hrs</u>	c. CITY OR TOWN <u>Humansville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dimmitt Mem. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>R 1</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>James Leslie Ayers</u>			4. DATE OF DEATH Month Day Year <u>3 2 1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/26/90</u>	9. AGE (last birthday) <u>70</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Polk County Missouri U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Christopher Ayers</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Hopper</u>	14. NAME OF HUSBAND OR WIFE <u>Mary</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Mrs Maxine Butler Independence, Mo.</u> 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) <u>Coronary artery thrombosis</u>		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)	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 <u>3/1/61</u> to <u>3/2/61</u> and last saw him alive on <u>3/1/61</u> Death occurred at <u>12:15 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>G. G. Robinson</u> (Degree or title)	22b. ADDRESS <u>M. D. Humansville, Mo.</u>	22c. DATE SIGNED <u>3/3/61</u> (State)
---	---	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/4/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Plum Grove Cemetery Polk County Missouri</u>	23d. LOCATION (City, town, or county)
--	----------------------------	---	---------------------------------------

24. FUNERAL DIRECTOR <u>Beckwith Funeral Home Humansville, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>March 10, 61</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>
--	---	--

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 17 1961

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, Mo.

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.