

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020047

AMENDED

Registration District No. 325

Primary Registration District No. 6098

Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Schuyler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LibertyLength of stay in 1b
88Yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Schuyler

c. CITY OR TOWN Lancaster, R.F.D.

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HomeInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
noneReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First Peter

Middle Monroe

Last Ayer

4. DATE OF DEATH

Month 5-

Day 18-

Year 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-24-1872

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months 5 Days 24

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Self-Employed11. BIRTHPLACE (City and state or country)
Schuyler, Mo.,12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Ayer

13b. MOTHER'S MAIDEN NAME

Lucinda Myers

14. NAME OF HUSBAND OR WIFE

Mahala Ayer (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none

17. INFORMANT

Anthony Ayer

Address

Downing, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary fracture

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Central thrombosis

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

6 months

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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

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. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 _____, to _____ and last saw her
him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

5-20-61

Fatus Cemetery

Schuyler, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Norman Funeral Home, Lancaster, Mo.

5-25-61

Florence Shepherd

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 _____

Licensed Embalmer No. 4742

P. O. Address Lukensville, 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.