

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043291

STATE FILE NUMBER

AMENDED

Registration District No. 325

Primary Registration District No. 4478

Registrar's No. 38

FILED DEC 1 1961

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lancaster Mo</u>		Length of stay in 1b <u>87yr</u>	c. CITY OR TOWN <u>Lancaster</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>Lancaster</u>
3. NAME OF DECEASED (Type or print) First <u>Mattie</u> Middle <u>Ayer</u> Last <u>Ayer</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>21</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>Feb 17 1874</u>
9. AGE (last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Schuyler Co.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Maize</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>James R Ayer</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 Address <u>Glen Ayer Lancaster Mo</u>	
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>Medullary failure</u> DUE TO (b) <u>Central thrombosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>years</u>
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 ☐ Unknown
19. 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. p.m. Month, Day, Year	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 <u>4-17-61</u> to <u>11-21-61</u> and last saw her alive on <u>11-10-61</u> Death occurred at <u>4:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H.K. Stokes</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Lancaster, Mo.</u>	22c. DATE SIGNED <u>11-22-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 23 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	23d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>
24. FUNERAL DIRECTOR <u>Normans Lancaster Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 25, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Lawrence Shepherd</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1962

Permit issued 11-23-61 Pending
Completion of Parents names -
Returned 11-25-61

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 Novak E. Foster

Licensed Embalmer No. 4742
P. O. Address Leipsville, Pa.

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.