MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015090
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1958

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 30 1962

VS 300
Rev. 4/59

1
2 0200 X1
3
4 1
5 2
6
7 0
8 1
9 587.0
10
11
12 68-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 1 MONTH
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CEDAR
c. CITY OR TOWN CAPLINGER MILLS Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) CRT. 1 STOCKTON Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FRANCES Middle IRENE Last AYRES
4. DATE OF DEATH Month 4 Day 6 Year 62
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-14-1901
9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ASH GROVE MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME SAMUEL BAILEY
13b. MOTHER'S MAIDEN NAME MILLIE QUICK
14. NAME OF HUSBAND OR WIFE WALPHA AYRES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT DONALD DILLON Address 9601 GRANDVIEW, OVERLAND PK.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE HEMORRHAGIC PANCREATITIS — INTERVAL BETWEEN ONSET AND DEATH 10-days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CAUSE UNKNOWN-
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSIVE C/V DISEASE
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 July 1961 to April, 1962 and last saw her alive on April 5, 1962
Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE William R. Brown (Degree or title) M.D.
22b. ADDRESS 7501 Mission Rd., Prairie Village Kansas
22c. DATE SIGNED Apr. 8, 1962

William R. Brown

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-9-62
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI
24. FUNERAL DIRECTOR SHEIL FUNERAL HOME ADDRESS K.C. MO.
25. DATE RECD. BY LOCAL REG. 4-9-62
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4954

P. O. Address _____

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.

DRUM. R. BROWN