

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047447

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 187

DO NOT WRITE ON THIS STUB

AMENDED FILED DEC 28 1962

VS 300  
Rev. 4/59

10500

2 22692

3

4 0

5 3

6

7 0

8 2

9 X

10

11 050

12 1-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joachim township</u>		Length of stay in 1b _____	c. CITY OR TOWN <u>St Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF MEM Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2323 S. 11th</u>
3. NAME OF DECEASED (Type or print) First <u>Clyde</u> Middle <u>(None)</u> Last <u>Ayres</u>		4. DATE OF DEATH Month <u>DEC</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-6-1917</u>
9. AGE (last birthday) <u>45</u>		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) <u>ELECTRIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MFG</u>	11. BIRTHPLACE (City and state or country) <u>Potosi, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>CLIFFORD AYRES</u>	
13b. MOTHER'S MAIDEN NAME <u>ESSIE BOUSE</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>486-28-8387</u>	17. INFORMANT 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>Multiple Fractures &amp; Internal Injuries</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 checked="" 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.) <u>Auto-Truck Accident.</u>	
20c. TIME OF INJURY Hour <u>8:00</u> a.m. _____ p.m. _____	Month, Day, Year <u>12-16-62</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Vale Twp. Jeff.</u>	COUNTY <u>Mo</u> STATE _____
21. I attended the deceased from <u>CORONERS VIEW</u> and last saw her alive on _____ Death occurred at <u>10100A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James C. Corone</u> (Degree or title)		22b. ADDRESS <u>Festus Mo.</u>	22c. DATE SIGNED <u>12-16-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/18/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BERRYMAN</u>	23d. LOCATION (City, town, or county) (State) <u>BERRYMAN Mo</u>
24. FUNERAL DIRECTOR <u>Sparks - Potosi, Missouri</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>12/18/62</u>	26. REGISTRAR'S SIGNATURE <u>John A. Nighon</u>

JAN 9 1963

JAN 4 1963

JAN 23 1963

*[Handwritten signature]*

**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 *Ronald Sparks*

Licensed Embalmer No. 4819

P. O. Address St. Louis, Missouri

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.