

Enter

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-000160

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 17

FILED JAN 29 1963

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler RFD		c. CITY OR TOWN Butler	
Length of stay in 1b 1 year		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) Pine Tree Rest Home		d. STREET ADDRESS (If outside, give location) Butler	
Yes ☐ No ☒		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First Anna Middle Rose Last Ayres			4. DATE OF DEATH Month Jan Day 17 Year 1963		
5. SEX Female	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 4/28/1879	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 8 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker			11. BIRTHPLACE (City and state or country) Clear Lake Iowa		
13a. FATHER'S NAME Herman Linksett			14. NAME OF HUSBAND OR WIFE Buenos Ayres		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Pearl Lee, K C Mo.		
13b. MOTHER'S MAIDEN NAME Lena			16. SOCIAL SECURITY NO. none		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Brachy - pneumonia DUE TO (b) General Semblity DUE TO (c) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day 10 yrs 10 yrs
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 3:15 PM Month, Day, Year 1/17/63	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.) 2/1/61		20f. CITY, TOWN, OR LOCATION Butler Missouri	
20g. COUNTY Butler Missouri		20h. STATE Missouri	
21. I attended the deceased from 2/1/61 to 1/17/63 and last saw her alive on 1/2/63 Death occurred at 3:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carter M. Hunter M.D.		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 1-18-63		22d. LOCATION (City, town, or county) (State) Butler Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 19/63	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.		25. DATE RECD. BY LOCAL REG. 1-19-63	
26. REGISTRAR'S SIGNATURE Norman Wilson		27. DATE 1-19-63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

John G. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler 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.