

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035026

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

27

Primary Registration District No.

5096

Registrar's No.

172

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Mt. Pleasant Twp.

Length of stay in

1 yr.

c. FULL NAME OF (If NOT in hospital, give location)

Pine Tree Rest Home

Inside Limits

Yes ☐ No ☒

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

a. STATE

Missouri

b. COUNTY

Bates

c. CITY
OR TOWN

Butler

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

R.F.D.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

Charles

P.

Ayers

Last

Date

Month

Day

Year

Oct. 3, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-17-1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

Hours

Min.

5

16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Humbolt, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John T. Ayers

13b. MOTHER'S MAIDEN NAME

Abba Dabban

14. NAME OF HUSBAND OR WIFE

Elizabeth Ayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

496 07 7952

17. INFORMANT

Lloyd Conway

Butler, 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)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

Conditions, if any,
which gave rise to
above cause (a),
starting the under-
lying 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.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

None

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

None

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.)

None

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

11:15 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Howard Conrad Underwood

22b. ADDRESS

Butler, Mo.

22c. DATE SIGNED

10-8-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10-7-1963

23c. NAME OF CEMETERY OR CREMATORY

Oakhill Cemetery

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

Butler, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Culver-Underwood Butler, Mo.

25. DATE RECD. BY LOCAL REG.

10-8-63

26. REGISTRAR'S SIGNATURE

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0070

2 0070

3

4 0

5 2

6

7 1

8 2

9 420.1

10

11

12 86-3

13 10

100-10000

Missouri Bates

Bates

X

Butler

Mr. Pleasant Top.

Mr. Pleasant Top.

R.F.D. 2

Five Tree Rest Home

Oct. 3, 1933

Ayers

P.

Charles

82

4-17-1878

X

White

Male

U.S.A.

Wendell, Kansas

Farmer

Farmer

Elizabeth Ayers

Anna Ayers

John T. Ayers

Butler, Mo.

1000 of 1933

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 Robert E. Stumbe

Licensed Embalmer No. 4657

P. O. Address Butler, 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.

Butler, Mo.

10-7-1933

Butler

Butler, Mo.

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2
1
2

3-28