MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0048183 STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 323

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0425
2 0420
3
4 1
5 25
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7 1
8 2
9 331X
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12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

1

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED DEC 28 1964

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 12-17-64
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clinton General Hosp.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN: Blairstown
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): R 1
Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First ANNA Middle BELL Last COULTER AYRES

4. DATE OF DEATH: Month Dec Day 22 Year 1964

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 12/3/1883
9. AGE (last birthday): 81
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Roberts Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Coulter
13b. MOTHER'S MAIDEN NAME: Mary Patton
14. NAME OF HUSBAND OR WIFE: Alvis Ayres (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no / no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Address: Mary O Van Gorden Blairstown Mo.

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): cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 1955, to 12-22-64 and last saw her/him alive on 12-22-64
Death occurred at 10:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh B. Walker, MD
22b. ADDRESS: Clinton, Mo
22c. DATE SIGNED: 12-23-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/24/64
23c. NAME OF CEMETERY OR CREMATORY: Blairstown
23d. LOCATION (City, town, or county) (State): Blairstown Mo.

24. FUNERAL DIRECTOR ADDRESS: Schaberg Funeral Home Clinton, Missouri

25. DATE RECD. BY LOCAL REG.: Dec. 24, 1964
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(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 _____
Signature of Student Embalmer

Signed F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.