

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40787**
5503

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>2 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8150</u> OR TOWN <u>Kansas City</u>		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warwick Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>4810 Rainbow Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>Plunkette</u>		c. (Last) <u>Ayres, Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 12, 1877</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months -	IF UNDER 100 Hrs. Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Longwood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Manulius Ayres</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Dorsey</u>		14. NAME OF HUSBAND OR WIFE <u>-- Elizabeth Ayres</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>708-14-7070</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Cornelia Ayres - K.C., Kansas</u> ADDRESS <u>4810 Rainbow</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>					<u>? yrs</u>
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) <u>Advanced age.</u></p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> ?, 19 <u>48</u> , to <u>Nov. 30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov. 29</u> , 19 <u>54</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Paul Wright</u>		R. PAUL WRIGHT (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kansas City - 6-100</u>		23c. DATE SIGNED <u>Nov. 30, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-30-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home - K.C., Kansas</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4

Do not stamp
12:30 - 1-1
Pro - 1302g.

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

Student Embalmer

Signed

Guy J. Shelton

Licensed Embalmer No. 4700

P. O. Address Kansas City 11, Miss

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 this body is not embalmed, fact should be so stated above.