

FILED JAN 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1929

BIRTH NO. 81993-49 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 6

0782

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAROTHERSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAROTHERSVILLE</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>220 WEST 13TH.</u>	
3. NAME OF DECEASED a. (First) <u>CAROL</u> b. (Middle) <u>ANN</u> c. (Last) <u>AYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never MARRIED</u>	8. DATE OF BIRTH <u>Dec. 18 1949</u>
9. AGE (In years last birthday) <u>0</u> Months <u>15</u> Days <u>15</u> Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>CAROTHERSVILLE, MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		13a. FATHER'S NAME <u>Herschel E. Ayers</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY Lee Prince</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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Herschel E Ayers Caruthersville</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Broncho</u>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes: <u>Chilateral</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7163 D</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>Jan 4, 1950</u> , to <u>Jan 4, 1950</u> , that I last saw the deceased alive on <u>Jan 4, 1950</u> and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>D. J. Cook</u>		23b. ADDRESS <u>Caruthersville, Mo</u>	
23c. DATE SIGNED <u>1-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Plains</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C Dean</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 16, 1950</u> <u>Tessie B. Nichols</u>		ADDRESS <u>Caruthersville Mo.</u>	

1-50-35

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Nail C Dean*

Licensed Embalmer No. *3941*

P. O. Address *Camillus, 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 this body is not embalmed, fact should be so stated above.