

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4038

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>2 yrs.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> <u>0164</u> d. STREET ADDRESS (If rural, give location) <u>317 So. Middle Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>L.</u> c. (Last) <u>Ayers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1951</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>Oct. 21, 1861</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired employee of Mo. & Ill. R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Labruyere Ayers</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Ayers</u> ADDRESS <u>Cape Gir. Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture Rt Femur neck</u> DUE TO (c) <u>arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis generalized</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 Min.</u> <u>2 weeks</u> <u>20 yrs</u>	
19a. DATE OF OPERATION <u>Feb 15, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck Right Femur</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau 10030 Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Rt. fell on floor while going to bath</u>		
22. I hereby certify that I attended the deceased from <u>Feb 1, 1951</u> , to <u>March 1, 1951</u> that I last saw the deceased alive on <u>March 1, 1951</u> and that death occurred at <u>5:30P m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Edward O. Campbell</u>			23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>3-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valle Springs Cemt.</u>		
24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-5-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard P. Weman</u>		ADDRESS <u>Cape Gir, Mo.</u>				

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

APR 20 1951

RECEIVED

MAR 12 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Howard B. Roman

Signed.....
Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Coffin Store, 77

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.