

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30757**

BIRTH NO. 45981-57 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 440

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Linn</u>	b. STATE <u>Missouri</u>	c. COUNTY <u>Linn</u>	d. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>
d. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>	c. LENGTH OF STAY (in this place) <u>10 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>	d. STREET ADDRESS (If rural, give location) <u>520 East Lake</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Fred</u>	b. (Middle) <u>Jerome</u>	c. (Last) <u>Ayers</u>	<u>Aug. 30, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 28, 1951</u>		9. AGE (In years last birthday) <u>2</u> Months <u>2</u> Days <u>2</u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marceline, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Andrew Ayers</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Belle Smith</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, state year or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary B. Ayers, Marceline, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Meningitis</u> DUE TO (c) <u>Severe Otitis Mediae perforation into CRANIUM</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3910</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-28, 1951, to 8-30, 1951, that I last saw the deceased alive on 8-30, 1951, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Smith M.D.</u>	23b. ADDRESS <u>Marceline, MO</u>	23c. DATE SIGNED <u>8-30-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/31/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 30, 1951</u>	REGISTRAR'S SIGNATURE <u>Marjorie D. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin, Marceline</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1658
Date Filed:
SEP 17 1951

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 _____

Was not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *George W. Davatt*

Licensed Embalmer No. *4799*

P. O. Address *Marceline, 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.