

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23790**

FILED JUL 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4063</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton 0130</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Cynthia A.</u> b. (Middle) <u>Ayers</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>1-4-1865</u>	
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>6</u> DAYS <u>5</u>		11. BIRTHPLACE (State or foreign country) <u>Ray Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13a. FATHER'S NAME <u>Thomas B. Lynch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Moore</u>		14. NAME OF HUSBAND OR WIFE <u>James 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Harley Ayers Stewartville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>URAEEMIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u>				2 yrs +	
		DUE TO (c)					
		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>592X</u>				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) (Min)		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>May 9</u> , 19 <u>52</u> , to <u>July 9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 8</u> , 19 <u>52</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert R. Borch, M.D.</u>				23b. ADDRESS <u>Hamilton Mo</u>		23c. DATE SIGNED <u>7/11/52.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-14-52</u>		REGISTRAR'S SIGNATURE <u>Glady's Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bram Funeral Home Hamilton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. Lester Bram

Signed.....

Student Embalmer

Licensed Embalmer No. *4472*

P. O. Address *Hamilton Me*

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.