

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28492**
Registrar's No. **3921**

FILED AUG 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 80 years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Beverly Nursing Home				STREET ADDRESS (If rural, give location) 6655 Bellefontaine		3888			
3. NAME OF DECEASED (Type or Print) a. (First) Lena			b. (Middle) _____		c. (Last) Ayers		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1953		
5. SEX Fe.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH August 4, 1865		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Louisville, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Newton H. Baxter			13b. MOTHER'S MAIDEN NAME Sarah E. Hawkins		14. NAME OF HUSBAND OR WIFE Clarence				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) XX		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Ralph N. Ayers				ADDRESS 6655 Bellefontaine	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u> ANTECEDENT CAUSES <u>11 Branches</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH 49 1/2	
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>Jan 1</u> , 19 <u>53</u> , to <u>Aug 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 6</u> , 19 <u>53</u> , and that death occurred at <u>2:35 am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE James J. Ferguson (Degree or title) MD				23b. ADDRESS 410 Bay and Blvd		23c. DATE SIGNED 8/9/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/10/1953		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cmtry.		24d. LOCATION (City, town, or county) (State) Jackson County MO.			
DATE REC'D BY LOCAL REG. 8-7-53		REGISTRAR'S SIGNATURE Steldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE BENTLEY MORTUARY		ADDRESS 5811 Troost.			

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

4

James T. Ferguson M.D.
Bryant Bldg.
1102 Grand

4-13-30, rk

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
Signature of Student Embalmer

Signed John R. Sidmo

Licensed Embalmer No. 453

P. O. Address Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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