

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9864**
Registrar's No. **2327**

No. 300
10.48

FILED MAR 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 10 yrs c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4570 St. Ferdinand d. STREET ADDRESS (If rural, give location) 4570 St. Ferdinand		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2119 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 4570 St. Ferdinand	
3. NAME OF DECEASED (Type or Print) Rachel (First) Ayers (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3 10 54	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-20-1885
9. AGE (In years last birthday) 68	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or foreign country) Tuscumbia Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jesse Vinson	
13b. MOTHER'S MAIDEN NAME unk.		13c. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Elsie Mitchell ADDRESS 4570 St. Ferdinand.			
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) Hypertension Cardio ANTECEDENT CAUSES (b) Hypertension Disease *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from <u>119</u>, 19<u>50</u> to <u>210</u>, 19<u>54</u>, that I last saw the deceased alive on <u>3/10</u>, 19<u>54</u>, and that death occurred at <u>3:4</u> m., from the causes and on the date stated above.			
23a. SIGNATURE _____ (Degree or title)		23b. ADDRESS _____	
23c. DATE SIGNED 3/11/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE _____	
24c. NAME OF CEMETERY OR CREMATORY Wabbaseka Cem. Wabbaseka		24d. LOCATION (City, town, or county) (State) Ark.	
DATE REC'D BY LOCAL REG. MAR 13 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Manuel Lind Co.		ADDRESS 4059 Finney	

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

Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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.