

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033475

STATE FILE NUMBER

FILED SEP 17 1958

Registration District No. 200

Primary Registration District No. 5736

Registrar's No. 71

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LYDA TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Atlanta Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME Length of stay in, lb LIFE		d. STREET ADDRESS 0610 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joe Middle Herbert Last AYRES		4. DATE OF DEATH Month 9 Day 7 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-27-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) ATLANTA-MO.
13. FATHER'S NAME Sylvestre DANIEL AYRES		14. MOTHER'S MAIDEN NAME NANCY FRANCES Goodding	
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	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Mycotic Aneurysm DUE TO (b) 331X DUE TO (c) ?		12. CITIZEN OF WHAT COUNTRY? U.S.A	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 4:30 Month Aug Day 30 Year 58 a. m. p.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Atlanta Mo	COUNTY	STATE
21. I attended the deceased from Aug 30-58 to Sept 9 1958 and last saw her/him alive on Sept 9 1958 Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. L. ... (Degree or title)		22b. ADDRESS Atlanta Mo	22c. DATE SIGNED 9-11-58
23a. BURIAL, CREMATION, REMOVED (Specify) BURIAL	23b. DATE 9-10-1958	23c. NAME OF CEMETERY OR REPOSITORY LA PLATA	23d. LOCATION (City, town, or county) (State) LA PLATA - MO
24. FUNERAL DIRECTOR Theo Goodding - ATLANTA, MO ADDRESS		25. DATE RECD. BY LOCAL REG. 9/12/58	26. REGISTRAR'S SIGNATURE Ruth McNeely.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56 0610

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 24 1958

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MS JAN 8 1961

County File No. 4-58-138
Date Filed 9-15-58

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 Thos H. Gradding, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thos H. Gradding

Licensed Embalmer No. 39

P. O. Address Atlanta,

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.