

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014032

STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 44

300
1-57

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1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marceline</u> 0580 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bunton Rest Home</u>		Length of stay in 1b <u>32 da</u>	d. STREET ADDRESS (If outside, give location) <u>520 E. 8th</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>B.</u> Last <u>Ayers</u>			4. DATE OF DEATH Month <u>5</u> Day <u>5</u> Year <u>59</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-5-1875</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and state or country) <u>Vinton, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>
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13a. FATHER'S NAME <u>Andrew</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MELISSA</u>
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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 <u>Andrew Ayers Marceline, MO</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Thrombotic Peripneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> 104 hrs	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u>	

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Marceline</u>	COUNTY <u>Linn</u>	STATE <u>MO</u>
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21. I attended the deceased from 1958 to Feb 1959 and last saw him alive on 4-28-59
Death occurred at 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George J. J...</u> (Degree or title)	22b. ADDRESS <u>Marceline, Missouri</u>	22c. DATE SIGNED <u>5-8-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>5-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	23d. LOCATION (City, town, or county) (State) <u>Wheeling, MO</u>
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24. FUNERAL DIRECTOR <u>James McLaughlin</u> ADDRESS <u>Marceline, MO</u>	25. DATE RECD. BY LOCAL REG. <u>5-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

... All diseases in Part I must be causally related.

NOV 12 1959

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 *James B. McCelland*
Licensed Embalmer No. *4230*

P. O. Address *Brookfield*

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.