

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036059

FILED VS NOV 10 1959

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

5084

STATE FILE NUMBER

UNRECORDED

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, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 4 yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5216 E 24th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nova Middle George Last Ayers			4. DATE OF DEATH Month 10 Day 22 Year 59		
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 8-11-1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge Foreman		10b. KIND OF BUSINESS OR INDUSTRY Burlington Rail Road		11. BIRTHPLACE (City and state or country) Chillicothe Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Thomas Ayers		13b. MOTHER'S MAIDEN NAME Frances Hargrone		14. NAME OF HUSBAND OR WIFE Anna Ayers	
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 Anna Ayers 5216 E. 24th K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____	Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY	STATE
21. I attended the deceased from 10-9-1959 to 10-22-1959 and last saw him ^{her} alive on 10-22-1959		Death occurred at 2:50 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Nova Ayers</i>		(Degree or title) M.D.		22b. ADDRESS 4400 Cherry Kansas City, Mo	22c. DATE SIGNED 10-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-24-1959	23c. NAME OF CEMETERY OR CREMATORY Chillicothe Cemetery		23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS 1800 E. Linwood		25. DATE RECD. BY LOCAL REG. 10-23-59	26. REGISTRAR'S SIGNATURE <i>Nova Minshall</i>

DOCUMENT

BY AFFIDAVIT OF **Abraham Gelperin M. D.**

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 Melvin Barta

Licensed Embalmer No. 4903

P. O. Address KC Mo.

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.