URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 044435

STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 282

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Length of stay in 1b ??????
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Jackson County Home — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Cora Middle Peggy Last Ayers
4. DATE OF DEATH Month December Day 12 Year 1959
5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/12/1883
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and state or country) Independence, Kans.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Records Jackson County Hospital Address Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-25-59, to 12-12-59 and last saw her/him alive on 12-12-59

Death occurred at 4:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Aspen (Degree or title) M.D. — 22b. ADDRESS Lee's Summit Mo — 22c. DATE SIGNED 12/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 12/12/1959 — 23c. NAME OF CEMETERY OR CREMATORY Mt, Calvery — 23d. LOCATION (City, town, or county) Kansas City Kan. (State)

24. FUNERAL DIRECTOR Langsford Funeral Home — ADDRESS Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG. 12/14/59
26. REGISTRAR'S SIGNATURE N B Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

X or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Not Embalmed

Signature of Student Embalmer

~~Licensed Embalmer~~ No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.