

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9448

State File No. \_\_\_\_\_

Registrar's No. 17.

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 17.	
1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lexington</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Higginsville</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>Rural</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>THOMAS</b>		c. (Last) <b>AINSWORTH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 7, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 5, 1873</b>		9. AGE (In years last birthday) <b>76</b> if UNDER 1 YEAR: Months <b>6</b> Days <b>2</b> if UNDER 24 HRS. Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lexington, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Ainsworth</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Palmer</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Logan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Myrtle Ainsworth, Higg. Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cause unknown</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Arteriosclerotic Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>420!</b>	
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>March 5, 1950</b> , to <b>Mar. 7, 1950</b> , that I last saw the deceased alive on <b>March 7, 1950</b> , and that death occurred at <b>9:55 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. B. Bumgarner M.D.</b>		(Degree or title)		23b. ADDRESS <b>Higginsville, Mo.</b>		23c. DATE SIGNED <b>3/7/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wachpelah</b>		24d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>March 23, 1950</b>		REGISTRAR'S SIGNATURE <b>Thomas E. Hatcher</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James F. Leary</b>		ADDRESS <b>Lex. Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED MAR 27  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 4-14-58

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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.

Signed Geo. H. Dean

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2483

P. O. Address Lexington 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 this body is not embalmed, fact should be so stated above.