

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27785

FILED SEP 5 1951

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 276	
1. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia d. STREET ADDRESS (If rural, give location) Route # 1			
3. NAME OF DECEASED (Type or Print) JOE		a. (First)		b. (Middle)		c. (Last) AINSWORTH	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH O.K. 1877	
9. AGE (In years last birthday) 74		10. AGE (In years last birthday) 74		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Ida Jane Ainsworth		14. NAME OF HUSBAND OR WIFE Ida Jane Ainsworth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ida Jane Ainsworth, Sedalia, Mo		17. INFORMANT'S SIGNATURE OR NAME Ida Jane Ainsworth, Sedalia, Mo		17. INFORMANT'S SIGNATURE OR NAME Ida Jane Ainsworth, Sedalia, Mo		17. INFORMANT'S SIGNATURE OR NAME Ida Jane Ainsworth, Sedalia, Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		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, asthenia, etc. It means the disease, injury, or complication which caused death.		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, asthenia, etc. It means the disease, injury, or complication which caused death.		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, asthenia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 24, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on Aug 25, 1951 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.		22. I hereby certify that I attended the deceased from Aug 24, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on Aug 25, 1951 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.		22. I hereby certify that I attended the deceased from Aug 24, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on Aug 25, 1951 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.		22. I hereby certify that I attended the deceased from Aug 24, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on Aug 25, 1951 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE Ed Swavery M.D.		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED Aug 28-51		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) Pettis County, Missouri	
DATE REC'D BY LOCAL REG. 8/27/1951		REGISTRAR'S SIGNATURE J. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. Wechart		ADDRESS Sedalia Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

RECEIVED

9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3470

P. O. Address Selma, 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.