

FILED DEC 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36491

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 497

1. PLACE OF DEATH a. COUNTY <u>Butler County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>	c. LENGTH OF STAY (in this place) <u>8 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>919 Niskey St. Poplar Bluff, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>917 Niskey Poplar Bluff, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>913 Niskey St 0124</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Ainley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 24 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Ainley</u>	
13b. MOTHER'S MAIDEN NAME <u>Miriam Holman</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Ainley</u>	
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. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen Spitzer Poplar Bluff, Mo.</u>		17. ADDRESS	
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) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Fracture Rt femur</u> DUE TO (b) <u>6 weeks</u> DUE TO (c) <u>E9040</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>128</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Butler Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 - 11 - 1951</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>1</u>		22. I hereby certify that I attended the deceased from <u>16 Nov, 1951</u> , to <u>24 Nov, 1951</u> , that I last saw the deceased alive on <u>Nov 23, 1951</u> , and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>A. F. Brookman MD</u> (Degree or title)		23b. ADDRESS <u>32 Oak Poplar Bluff Mo</u>	
23c. DATE SIGNED <u>24 Nov 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kensie Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>V. Highway Butler County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blacker Mortuary Corning Ark.</u>	
25. ADDRESS <u>Blacker Mortuary Corning Ark.</u>		DATE REC'D BY LOCAL REG. <u>Nov. 27, 1951</u>	
REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 5 1951

BUTLER CO. HEALTH CENTER

FILE No. 125-522

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 _____

Ronald Seligson

Signed _____

Student Embalmer

Licensed Embalmer No. 562

P. O. Address Corning Ark.

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.