

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31114

FILED OCT 8 - 1953

State File No.

Registrar's No. 408

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF	
d. FULL NAME OF HOSPITAL OR INSTITUTION 913 NICKEY ST.		d. STREET ADDRESS (If rural, give location) 913 NICKEY ST.	
3. NAME OF DECEASED a. (First) ANNA b. (Middle) ELIZA c. (Last) AINLEY			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 30, 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH AUG. 5, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MACK SPENCER		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE J.A. AINLEY (DECEASED)
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 ADDRESS HOMER AINLEY?? 913 Nickey Poplar Bluff, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis - DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) 331X (COUNTY)	21d. (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 Sept, 1953, to 30 Sept, 1953, that I last saw the deceased alive on 29 Sept, 1953, and that death occurred at 11:40 Am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. H. Robinson M.D.		23b. ADDRESS 3212 Poplar Bluff, Mo.	23c. DATE SIGNED Oct 5, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY KINZIE CEMETERY	24d. LOCATION (City, town, or county) (State) BUTLER COUNTY, MISSOURI
DATE REC'D BY LOCAL REG. 10/2/53	REGISTRAR'S SIGNATURE G. H. Minette	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BLACK'S MORTUARY CORNING? ARKANSAS	

(Licensed Embalmer's Statement on Reverse Side)

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

0124

OCT 7 1969
BUTLER CO. HEALTH CENTER
FILE No.

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 *Gene Harrents*
Licensed Embalmer No. *4809*

P. O. Address *Doniphan, 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.