

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9190

State File No.

FILED MAR 29 1954

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. CITY OR TOWN <u>De Soto</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1502</u>
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		e. STREET ADDRESS (If rural: give location) <u>403 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 Jefferson</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>McCall</u>	c. (Last) <u>Aylsworth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 22-1954</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 10, 1879</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRAINMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co., MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MARTIN L. Aylsworth</u>	13b. MOTHER'S MAIDEN NAME <u>Eda Stickney</u>	14. NAME OF HUSBAND OR WIFE <u>DORA BAKER</u>
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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>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dora Aylsworth - De Soto, Mo.</u>	ADDRESS <u>De Soto, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchio-pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arterio-sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>		<u>Mar. 16-54</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar. 16, 1954, to Mar. 22, 1954, that I last saw the deceased alive on Mar. 22, 1954, and that death occurred at 10:07 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harvey J. J. J. J.</u>	(Degree or title) <u>M.D.O.</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>Mar. 23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodawn</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto, MO</u>
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DATE REC'D BY LOCAL REG. <u>3-25-54</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mathushead</u>	ADDRESS <u>De Soto, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1964
MAY 9 1964
MAY 9 1964

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAR 26 1954

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.....
Signature of Student Embalmer

Signed *Andrew H. Engstrom*

Licensed Embalmer No. *47*

P. O. Address *De Soto*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.