

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36338

STATE FILE NUMBER

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 500

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN, MISSOURI		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN DUENWEG, MISSOURI.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS		Length of stay in 1b 1 DAY		d. STREET ADDRESS BOXHOLDER		(If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JESSIE ANNA AINSWORTH				4. DATE OF DEATH Month Day Year SEPT. 23, 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH 5/10/1884	
9. AGE (In years birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) YORK COUNTY NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOSEPH F. PAUL				14. MOTHER'S MAIDEN NAME LAVINA STODDARD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT Address MRS. LESTER EVANS JOPLIN, R#2, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						INTERVAL BETWEEN ONSET AND DEATH 3 months	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 5-22-56, to 9-27-57 and last saw her alive on 8-23-57 Death occurred at 10:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Royal D. McKee M.D.				22b. ADDRESS 607 Frisco Bldg. Joplin, Missouri		22c. DATE SIGNED 9-30-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/30/57		23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE		23d. LOCATION (City, town, or county) (State) CARTERVILLE MISSOURI	
24. FUNERAL DIRECTOR HEDGE LEWIS		ADDRESS WEBB CITY, MO.		25. DATE RECD. BY LOCAL REG. 10-25-1957		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard H. Law*

Licensed Embalmer No. 4403

P. O. Address *Webb Co*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.