

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042458

FILED VS. NOV 20 1960

156

Primary Registration District No. 2001 Registrar's No. 570

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 1 mo.		c. CITY OR TOWN Joplin		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) R. 2		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last Oren William Ainsworth				4. DATE OF DEATH Month Day Year November 20, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 11/13/1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Diamond, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Benjamin Ainsworth			13b. MOTHER'S MAIDEN NAME Emily Layton		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Maude Pate, Miami, Okla.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Schistocerca gregaria</i> DUE TO (c) <i>Schistocerca gregaria</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown						INTERVAL BETWEEN ONSET AND DEATH 3 Mo.	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 <i>Oct 1 - 60</i> and last saw him alive on <i>Nov 19 - 60</i> Death occurred at <i>12:30 AM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. L. Crump</i> (Degree or title)			22b. ADDRESS <i>Joplin Mo.</i>		22c. DATE SIGNED <i>11/22/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/22/1960		23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		23d. LOCATION (City, town, or county) (State) Carterville, Missouri	
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 11-25-1960		26. REGISTRAR'S SIGNATURE <i>Dora Merriam</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard H. Lee

Licensed Embalmer No. 440

P. O. Address Webb City

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.