

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

FILED VS DEC 8 1960

Registration District No. 172 Primary Registration District No. 30-3-4 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u>		Length of stay in 1b <u>25 years</u>	c. CITY OR TOWN <u>Higginsville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile West</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>one Mile west</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>S.</u> Last <u>Ainsworth</u>			4. DATE OF DEATH Month <u>November</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 22 1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Lexington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John B. Logan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sill</u>		14. NAME OF HUSBAND OR WIFE <u>John T. Ainsworth</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>494-40-5753</u>	17. INFORMANT <u>Kenneth Ainsworth</u> Address <u>Higginsville</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INITIAL BETWEEN ONSET AND DEATH <u>30 min.</u>
DUE TO (b) <u>ACU disease</u>		<u>Years</u>
DUE TO (c) _____		

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from 11-28-60 to 11-28-60 and last saw her/him alive on 11-28-60  
Death occurred at 9:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert B. Best M.D.</u> (Degree or title)	22b. ADDRESS <u>Higginsville Mo.</u>	22c. DATE SIGNED <u>11/29/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-30-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Machpelah Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>
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24. FUNERAL DIRECTOR <u>Vaughn-Walker</u> ADDRESS <u>Lexington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 5. 1960</u>	26. REGISTRAR'S SIGNATURE <u>Leticia Gordon Jordan</u>
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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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 402

P. O. Address Jefinger

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