MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-007410
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 65

FILED MAR 20 1961

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 25 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Nursing Home #3 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Community Nursing Home #3 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Anna Middle: Ainslie Last:
4. DATE OF DEATH: Month March Day 11 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug.16,1881
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months 6 Days 25 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): invalid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Adair County
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Lewis Ainslie
13b. MOTHER'S MAIDEN NAME: Margaret Daly
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Ed. Ainslie,1422 53rd Rd.,Seattle7,Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 00 PM.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — years
DUE TO (c): Hypertensive Heart Disease — years
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

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 3/1/61, to 3/11/61 and last saw her alive on 3/9/61
Death occurred at 6 15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A. Keller, D.O.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 3/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/15/1961
23c. NAME OF CEMETERY OR CREMATORY: Adair Cemetery
23d. LOCATION (City, town, or county) (State): Adair, Mo.
24. FUNERAL DIRECTOR ADDRESS: Dee Riley Funeral Home, Inc.,Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: Mar 15, 1961
26. REGISTRAR'S SIGNATURE: Doris W Patteff

Kenneth Jackson, Rec. (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

JAMES A. KELLER, D.O.

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 Kenneth C. Hayes

Licensed Embalmer No. 4290

P. O. Address Kirkwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.