

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009272
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove Length of stay in lbs. 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Oak Grove Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) City Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First William Middle R Last Ailor 4. DATE OF DEATH Month Mar Day 27 Year 1961

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 6/7/1877 9. AGE (last birthday) 83
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 Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Oak Grove Mo. 11. BIRTHPLACE (City and state or country) U S A 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME W P Ailor 13b. MOTHER'S MAIDEN NAME Elizabeth Helm 14. NAME OF HUSBAND OR WIFE Mary Ailor

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. none 17. INFORMANT Mary Ailor Oak Grove Mo/ Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac decompensation INTERVAL BETWEEN ONSET AND DEATH 12 hrs
DUE TO (b) Infirmities of old age. 5 yrs
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 _____ Month, Day, Year _____ a.m. p.m.

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 Jan. 1 1961 to Mar. 27 1961 and last saw her/him alive on Mar. 26 1961
Death occurred at 3 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Oak Grove Mo 22c. DATE SIGNED 3-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/29/1961 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem. 23d. LOCATION (City, town, or county) (State) Oak Grove Missouri

24. FUNERAL DIRECTOR Webb Funeral Home Oak Grove Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 3-29-1961 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 William Frew

Licensed Embalmer No. 4733

P. O. Address Blue Springs 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.