

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043535

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 19 1962

Primary Registration District No.

Registrar's No.

29

## 1. PLACE OF DEATH

a. COUNTY

New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Portageville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

At Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY New Madrid

c. CITY  
OR  
TOWN Portageville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Lura

B.

Ailor

4. DATE  
OF  
DEATH

Month

Day

Year

November

9,

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/5/1886

## 9. AGE (last birthday)

76

## 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)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Lake Creek, Texas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Rev. James Johnson

## 13b. MOTHER'S MAIDEN NAME

Mary Lucindy Stigall

## 14. NAME OF HUSBAND OR WIFE

Rev. Edgar I. Ailor Sr.

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

Address

Edgar I. Ailor Jr. Cape Girardeau, 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)

Acute Coronary Insufficiency (instant)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Chronic Auricular Fibrillation 5 yrs

## DUE TO (c)

Chronic A.S.H.D and H.C.V.D. 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Left Hemiparesis - due to C.V. A. in 1958

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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

Month, Day, Year

Hour  
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 July 1957 to Nov 1962 and last saw her alive on 5 Nov 62  
Death occurred at 11:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Andrew P. Painter M.D.

## 22b. ADDRESS

223 King St., Portageville, Mo. 64652

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

11/11/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Maple Grove Cemetery

## 23d. LOCATION (City, town, or county)

Mt Vernon

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

DeLisle Funeral Home Portageville, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov 17, 1962

## 26. REGISTRAR'S SIGNATURE

Ellen S. Miles

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1962

**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

*Joseph A. L. Loh*  
4481

Licensed Embalmer No.

P. O. Address

*Shoreville, Minn.*

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.