

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1453

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 35		
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TOPLIN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE		0493		
d. FULL NAME OF HOSPITAL OR INSTITUTION North Main St. Road				d. STREET ADDRESS (If rural, give location) 1022 SOPHIA				
3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) MONROE c. (Last) AINSWORTH			4. DATE OF DEATH (Month) (Day) (Year) JAN. 22, 1951					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 20, 1901		
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) CARTHAGE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME FRANK AINSWORTH			13b. MOTHER'S MAIDEN NAME MATTIE CRESSER		14. NAME OF HUSBAND OR WIFE			
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. 500-05-7862		17. INFORMANT'S SIGNATURE OR NAME MRS. D C ZUCK ADDRESS CARTHAGE				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture right tibia & fibula ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Skull fracture, tibia, leg. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 100 25	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 122					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) North Main St. Road, 122 Sophia Dr. limits		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) GALENA TOWNSHIP JASPER MO.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 22 - 51 6P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? STUCK BY 1939 FORD PICK-UP TRUCK DRIVEN BY JAS. JOY, JR. NORTH MAIN TOPLIN				
22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL AT FREEMAN HOSPITAL , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. W. ...				23b. ADDRESS 1022 Sophia Dr. limits		23c. DATE SIGNED 1-23-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 25, 1951		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.		24d. LOCATION (City, town, or county) (State) CARTHAGE, MO.		
DATE REC'D BY LOCAL REG. 1-25-51		REGISTRAR'S SIGNATURE ...		25. FUNERAL DIRECTOR'S SIGNATURE ...		ADDRESS K. NELL MORTUARY, CARTHAGE		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-5-51
Jasper County Health Office
County File Number 51-1-71
Date Filed 2-5-51

APR 1951

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 _____
Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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