

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

4450 State File No. **9757**

**FILED MAR 17 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6040** Registrar's No. **429**

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DONIPHAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - POYNOR</b>	
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>8 MILES SOUTH DONIPHAN - Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HAPPY HOME REST HOME</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>BEA</b>	b. (Middle) <b>ELWA MCELWATH</b>	c. (Last) <b>AINLEY</b>	(Month) <b>MARCH</b>	(Day) <b>2</b>	(Year) <b>1954</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 2 - 1880</b>	9. AGE (in years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KENTUCKY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>FRANCIS TRANNEL</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY AINLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOE HAMPTON - DONIPHAN, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>
ANTECEDENT CAUSES *Forbids conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>		
DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-1-54**, to **3-2-54**, that I last saw the deceased alive on **3-2-54**, and that death occurred at **3:40** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. Johnston</b> (Degree or title)		23b. ADDRESS <b>Doniphan Mo</b>		23c. DATE SIGNED <b>3-12-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-4-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PRATT CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>RIPLEY Co. MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>EDWARDS FUNERAL HOME - DONIPHAN - Mo.</b>			
DATE REC'D BY LOCAL REG. <b>3-12-54</b>		REGISTRAR'S SIGNATURE <b>C. Johnston</b> 277-		ADDRESS	

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

No. 300  
10.48  
910  
4

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

*Gene H. Parrent*

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.