

FILED APR 24 1957

STANDARD CERTIFICATE OF DEATH

State File No. **13890**

| | | | | | | | | |
|---|--|--|---|--|---|--|------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 187 | | PRIMARY REG. DIST. NO. 5696 | | Registrar's No. 187 | | |
| 1. PLACE OF DEATH a. COUNTY Livingston | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springhill Jackson Co. Mo.) | | c. LENGTH OF STAY (in this place) 2 yrs. | | c. CITY OR TOWN Springhill | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 3, Chillicothe, Mo. | | | | STREET ADDRESS (If rural, give location) RFD 3, Chillicothe, Mo. 0590 0 | | | | |
| 3. NAME OF DECEASED (Type or Print) Jessie | | | a. (First) | | b. (Middle) | | c. (Last) Ailor | |
| 4. DATE OF DEATH April 1, 1957 | | (Month) (Day) (Year) | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 12, 1887 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Days | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | | 11. BIRTHPLACE (City and State or Foreign Country) Linn County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME John Ailor | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Martin | | 14. NAME OF HUSBAND OR WIFE Louise Ailor | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO | | (If yes, give war or dates of service) XX | | 16. SOCIAL SECURITY NO. 488-22-9763 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Ailor, RFD 3, Chillicothe | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic epidemoid Ca DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH 72 hrs. 1957 | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? 2 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 1956 to 1957 , that I last saw the deceased alive on 31 Mar, 1957 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Charles M. Grace M.D. (Degree or title) | | | | 23b. ADDRESS Chillicothe, Mo. | | 23c. DATE SIGNED 2 Apr 1957 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Apr. 3, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant cemetery Livingston Co., Mo. | | 24d. LOCATION (City, town, or county) (State) | | |
| DATE REC'D BY LOCAL REG. 4/3/57 | | REGISTRAR'S SIGNATURE Frances B Reed | | 25. FUNERAL DIRECTOR'S SIGNATURE Donald Hodad - Chillicothe Mo ADDRESS | | | | |

0590

Grace

1710

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

FEB 13 1959

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 *Richard H. Bandall*

Licensed Embalmer No. *4864*

P. O. Address *Chillicothe*

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.