

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44036

Registration District No. 554

Primary Registration District No. 4328

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Merced
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William J. Gains

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 20 hr. min.

9. Birthplace Claiborne Co., Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation General Work

11. Industry or business as General

12. Name Freston Gains

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. N. Paulbuer

(b) Address Princeton

17. (a) Princeton (b) Date thereof Dec. 8, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Paul Mass

(b) Address Princeton, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Merced
(c) City or town Princeton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1939 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 6, 1939, to Dec. 6, 1939,

that I last saw him alive on Dec. 6, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, massive, back of neck, with extension down back, and post-pharyngeal. Duration 2 yrs

Due to Exhaustion, with an acute myocardial decompensation, superimposed on a Chronic, valvular heart disease, mitral and aortic insufficiency.

Due to Exhaustion, with an acute myocardial decompensation, superimposed on a Chronic, valvular heart disease, mitral and aortic insufficiency.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (City or town) (County) (State)

23. Signature A. S. Bristow (M. D. or other) MD

Address Bristow Bldg. Princeton Date signed 12, 7

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

RECEIVED
District Health Officer
District File Number 140-1837
Date Filed JAN 10 1949

RECEIVED
DISTRICT HEALTH OFFICE
JAN 10 1949

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44036.
Do not use this space.

1. PLACE OF DEATH

(a) County Merced Registration District No. 556
 (b) Township Primary Registration District No. 4328 Registered No. 65
 (c) City Princeton (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm J Soins

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12/17 19 19

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... Death is said

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Date of onset

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. S. Aristov M. D. (Address) Princeton Mo

J M Perry
Local Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be printed EX. EX. EX. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

RECEIVED

District Health Officer No. 11;

File Number.....

Date.....

RECEIVED BY
DATE