

JUN 17 1940

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 109

1. PLACE OF DEATH

(a) County Adair
(b) City or town Barksville Mo.
(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Shelbina
(If outside city or town limit, 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 May day 11
year 1940 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 11
_____ 1940 to May 11 1940
that I last saw him alive on May 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
2nd & 3rd degree burns of
thorax, head and both arms

Duration
4-10-40

3. (a) PRINT FULL NAME Earl Fleming Gaines 570

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

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

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

7. Birth date of deceased 11/12/1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>5</u>	<u>19</u>	hr. _____ min.

9. Birthplace Shelby Co., Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Station operator

11. Industry or business _____

12. Name of father Samuel Fleming Gaines

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

14. Maiden name Edna Nelson

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

16. (a) Informant Earl Gaines

(b) Address Shelbina Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof May 11-40
(Month) (Day) (Year)

(c) Place: burial or cremation Laughlin Hospital

18. (a) Signature of funeral director William A. Barksley

(b) Address Shelbina Mo.

19. (a) May 11/40
(Date received local registrar) (b) Spencer L. Freeman
(Registrar's signature)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 151
Major findings: 11
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 10-1940
(c) Where did injury occur? Shelbina Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
store exploded at ferry station
(Specify type of place) (e) Means of injury
While at work? Yes
23. Signature Earl Gaines (M. D. or other) D.O.
Address Barksville Mo. Date signed 5-11-40

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1261

Date Filed JUN 13 1940

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 Merion E. McCreion

Licensed Embalmer No. 3997

P. O. Address Shelbina 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, above space should be left blank.