

National Office of Vital Statistics  
FILED JUL 30 1948  
Registration District No. 327

Primary Registration District No. 4499

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbina  
(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 \_\_\_\_\_ (Specify whether  
In this community 80 Years (Specify whether  
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 limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucy Helen Gaines

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eugene R. Gaines 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased: Jan. 17 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>23</u>	hr. _____ min

9. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Henry Magruder  
13. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Weatherford  
15. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Gaines  
(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 7-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shelbina Cemetery

18. (a) Signature of funeral director E. Hayes  
(b) Address Shelbina, Missouri

19. (a) July 30 1948 (b) Reeth Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1948 hour 1:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 4 to July 10 1948  
that I last saw him alive on July 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days  
Due to Hypertension  
Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature W. R. Jones (M. D. or other) M.D.  
Address Shelbina, Mo Date signed 7/16/48

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

WRITE PLAINLY—USING UNFADING INK

RECEIVED

District Health Officer No.

District File Number 7-48-13

Date Filed JUL 28 1948

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelton, N.J.

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.