

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9180

State File No.

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5746 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Liberty</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<u>John</u>	<u>Ludwell</u>	<u>Gaines</u>	<u>Mar. 8 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 20 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wayner Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Wm. S. Gaines</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Belle Gaines</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Belle Gaines</u>	ADDRESS <u>Minimum Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung Abscess</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia Lobars</u> 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 <u>Mar</u>	19b. MAJOR FINDINGS OF OPERATION <u>4907</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 1-20 1949 to March 1, 1949 that I last saw the deceased alive on 3-1 1949, and that death occurred at 10.00A, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>M.D. W. Ironton Mo</u>	23c. DATE SIGNED <u>3-8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Fredericktown Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-9-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>White Funeral Home Ironton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

62
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RECEIVED

District Health Officer No. 4

District File Number 349-373

Date Filed 2-18-49

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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Quincy White

Licensed Embalmer No. 3012

P. O. Address Quincy White

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.