

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18911

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4115 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRIPLETT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRIPLETT	
c. LENGTH OF STAY (in this place) 40 YEARS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) PRESTON	c. (Last) GAINES	4. DATE OF DEATH (Month) (Day) (Year) 6-10-1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-30-1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) BROKERAGE	10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (State or foreign country) MISSOURI TRIPLETT MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN T. GAINES	13b. MOTHER'S MAIDEN NAME ZILPHA YELTON	14. NAME OF HUSBAND OR WIFE LITTLE GAINES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (m. no., or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ORVILLE GAINES	ADDRESS ST. LOUIS MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  4201  10 YRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPETENSION (IDIDPATHIC)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug. 1939, to JUNE 10, 1949, that I last saw the deceased alive on JUNE 9, 1949, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Kenneth L. Romanowski (Degree or title)	23b. ADDRESS DO - TRIPLETT, MO	23c. DATE SIGNED 6-11-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-12-1949	24c. NAME OF CEMETERY OR CREMATORY McCULLOUGH	24d. LOCATION (City, town, or county) (State) TRIPLETT MO.
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DATE REC'D BY LOCAL REG. 6/12-49	REGISTRAR'S SIGNATURE Mildred Romanowski 56	25. FUNERAL DIRECTOR'S SIGNATURE L. M. Romanowski	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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RECEIVED JUL 7  
District Health Officer No. &  
District File Number \_\_\_\_\_  
Date Filed 7-7-49

JUL 23 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed L. M. Meersal

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Greenwich

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.