

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23890

State File No.

FILED AUG 6 1949

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 333 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>702 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Clay</u> c. (Last) <u>Gaines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>23</u> <u>49</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 19, 1890</u>		9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>	
11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Mfg.</u>			

13a. FATHER'S NAME <u>Clay Gaines</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet McCarty</u>		14. NAME OF HUSBAND OR WIFE <u>Laura XXXX 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. <u>489-03-4767</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William C. Gaines</u> ADDRESS <u>Festus Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>	
		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.		<u>4301</u>	

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) _____		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 May 12, 1949 to June 23, 1949, that I last saw the deceased alive on May 12, 1949 and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. ...</u>		23b. ADDRESS <u>Crestal City Mo</u>		23c. DATE SIGNED <u>June 23, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/26/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Festus Methodist</u>	
				24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6/27/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 9,

AUG 1 1919

RECEIVED

MAY 9 1919

1919

JAN 12 1921

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.

Student Student Embalmer

Signed

H. Stungard

Licensed Embalmer No.

3010

P. O. Address:

Freston Ave

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.