No. 300
10.48

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FILED OCT 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 33192

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Fulton C
c. LENGTH OF STAY (in this place): 14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Fulton
d. STREET ADDRESS (If rural give location): 306 W. 9th 20

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) c. (Last) Gaines

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16-49

5. SEX: F
6. COLOR OR RACE: Female Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 2 1870
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Palmer
13b. MOTHER'S MAIDEN NAME: D. K.
14. NAME OF HUSBAND OR WIFE: William Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Gaines — ADDRESS: Fulton, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal-Vascular Disease with Congestive Heart failure
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis - generalized
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Tumor involving entire Pelvis

INTERVAL BETWEEN ONSET AND DEATH: 442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1949, to 10-16, 1949, that I last saw the deceased alive on 10-15 1949 and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: George F. Wood (Degree or title) MD
23b. ADDRESS: Fulton Mo.
23c. DATE SIGNED: 10-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 18 1949
24c. NAME OF CEMETERY OR CREMATORY: South Side
24d. LOCATION (City, town, or county) (State): Fulton, Mo.

DATE REC'D BY LOCAL REG.: Oct-18-1949
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Eli Bell — ADDRESS: Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 26 1949
District Health Officer No. 9
District File Number

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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, fact should be so stated above.