

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

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>7072</u>		Registrar's No. _____		50	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>					
c. LENGTH OF STAY (In this place) <u>65 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>364 South Redman</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>364 South Redman</u>				e. STREET ADDRESS (If rural, give location) <u>364 South Redman</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>Gaines</u>		c. (Last) <u>Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6th, 50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 23rd, 1871</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laboier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Odd jobs</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Gaines</u>					
13a. FATHER'S NAME <u>John Gaines</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Cooper</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Gaines</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Gaines, 364 So. Redman Marshall, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General paresis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>025X</u>					
19a. DATE OF OPERATION <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>				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) <u>✓</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-4</u> , 19 <u>50</u> , to <u>3-6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>50</u> , and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Madison, M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>				23c. DATE SIGNED <u>3-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>March 9th, 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>									
DATE REC'D BY LOCAL REG. <u>Mar-7-1950</u>				REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u>				FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall, Mo.</u>	

RECEIVED

MAR 13

District Health Officer No. 8,

District File Number.....

Date Filed 3-14-50

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.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4220

P. O. Address Marshall, S.D.

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.