

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **266604**

FILED SEP 14 1950

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY OR TOWN Bethany		c. CITY OR TOWN Bethany	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reid Hospital Bethany Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Harvey	b. (Middle) Nally	c. (Last) Bain	4. DATE OF DEATH (Month) (Day) (Year) Aug 9 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 14, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Madison Twp. Harrison Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Bain	13b. MOTHER'S MAIDEN NAME Elizabeth Wilcox	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dean Nible	ADDRESS Ridgeway, Missouri.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage		24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Carcinoma		6 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			151X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 **7-6, 1950**, to **8-9, 1950**, that I last saw the deceased alive on **Aug. 9, 1950**, and that death occurred at **2:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willard H. Throckmold	23b. ADDRESS Bethany, Missouri	23c. DATE SIGNED Aug 11 1950
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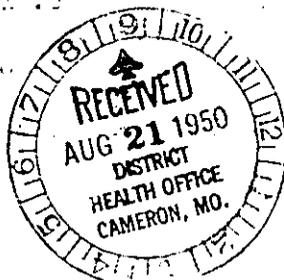
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 12 1950	24c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery	24d. LOCATION (City, town, or county) (State) Gainsville, Missouri
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DATE REC'D BY LOCAL REG. Aug 15-1950	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Gainsville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
10



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, of by

Eddie J. Stoklasa

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Eddie J. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.