X
No. 300
10.48

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31144

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 210

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: McCormick Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWARD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette Oct. 1
d. STREET ADDRESS (If rural, give location): Louisiana Street.

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

4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1951

5. SEX: Male 2

6. COLOR OR RACE: Colored.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 12/8/1932

9. AGE (In years last birthday): 18 IF UNDER 1 YEAR: Months 8 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Shining

11. BIRTHPLACE (State or foreign country): Howard Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Gaines

13b. MOTHER'S MAIDEN NAME: Mary Biv

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY: 491-32-0345

17. INFORMANT'S SIGNATURE OR NAME: William Gaines ADDRESS: Fayette Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary — 4 days

DUE TO (c) Internal injuries — 4 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 816.1

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 288

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 3, 1951 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* Sept. 3, 1951, *to* Sept 7, 1951, *that I last saw the deceased alive on* Sept. 7, 19 5, *and that death occurred at* 1:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. McCormick D.O.

23b. ADDRESS: 300½ Reed St. Moberly Mo.

23c. DATE SIGNED: 9/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9/10/51

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Fayette Mo.

DATE REC'D BY LOCAL REG.: 9-10-51

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A Carr ADDRESS: Fayette, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-16
Date Filed: SEP 17 1951

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.