

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40534

State File No. ....

FILED NOV 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6286 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Rural - Mount Vernon Twp</u>		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Wright</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1140</u>	
3. NAME OF DECEASED a. (First) <u>Lee</u> (Type or Print)		b. (Middle) <u>ROY</u> c. (Last) <u>GAINES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8, 1951</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Mar 14, 1894</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Lee Gaines</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	
14. NAME OF HUSBAND OR WIFE <u>Macy Gaines</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W. W. I</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Macy Gaines</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		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 viewed the deceased from <u>Nov 8</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Frank Grable Acting Coroner</u>		23b. ADDRESS <u>mtly Grove, mo</u>	
23c. DATE SIGNED <u>Nov 9, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Nov 13, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable - Windle</u>	
25. ADDRESS <u>mtly Grove, mo</u>		DATE REC'D BY LOCAL REG. <u>11-10-51</u>	
REGISTRAR'S SIGNATURE <u>A. B. Ames</u>		348 0	

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

1140

WRIGHT CO. HEALTH DEPT.  
County File Number 11-12-51  
Date Filed 11-12-51

MAR 18 1963

MAR 12 1963

OCT 4 1950

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 Frank Grable  
Licensed Embalmer No. 440  
P. O. Address Saly Grove, 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.