

13484

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48
 BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 4069 Registrar's No. 8

1. PLACE OF DEATH: a. COUNTY <u>Camden 0150</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MO</u> b. COUNTY <u>Camden 0150</u>	
b. CITY OR TOWN <u>Macks Creek</u>		c. CITY OR TOWN <u>Macks Creek</u>	
c. LENGTH OF STAY (in this place) <u>9 mo.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>—</u> c. (Last) <u>Bains</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>APRIL-10-1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>12</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Camden, MO</u>	
11a. FATHER'S NAME <u>John K Taylor</u>		11b. MOTHER'S MAIDEN NAME <u>Rachel A Whitworth</u>		11c. NAME OF HUSBAND OR WIFE <u>Joe Bains</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Take Bains</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. DATE OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Flu</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic - Valvular Heart Disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) <u>4214</u>	
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 attended the deceased from March 19 52 to April 22, 1953, that I last saw the deceased alive on April 22, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Camden, Mo.</u>	
23c. DATE SIGNED <u>4-25-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-25-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Howard Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co, MO.</u>		DATE REC'D BY LOCAL REG. <u>4-29-53</u>	
REGISTRAR'S SIGNATURE <u>Alda R Eldred</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u>		ADDRESS <u>Urbana, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5545

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.

Signed Allen W. Vaughan

Signed
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana, Ill.

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.

