

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2142

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>237</u>		PRIMARY REG. DIST. NO. <u>4353</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon,</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Lillian</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Gaines</u>		
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>11</u>		(Year) <u>1954</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH: <u>1-19-1897</u>			
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____			
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 <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Rush, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Marinda Strand</u>			14. NAME OF HUSBAND OR WIFE <u>E.O. Gaines</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Gaines</u>		ADDRESS <u>Gideon, Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aneurysm -</u>					<u>2 mo.</u>		
		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>4-52 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 attended the deceased from <u>11-15, 1953</u> , to <u>1-11, 1954</u> , that I last saw the deceased alive on <u>1-11, 1954</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. S. Hopkins, M.D.</u> (Degree or title)				23b. ADDRESS <u>Gideon, Mo</u>		23c. DATE SIGNED <u>1-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-13-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-12-54</u>		REGISTRAR'S SIGNATURE <u>Ms. F. S. Hopkins</u> <u>456</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u> <u>Leggett Ave.</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

**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 Embalmer No. ....

Signed

*Lloyd Russell*

Signed.....

Student Embalmer

Licensed Embalmer No. *509-100*

P. O. Address *Leggett, Ark*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.