

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19386**

FILED JUL 6 - 1955

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon 06110	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1025 N. JACKSON		d. STREET ADDRESS (If rural, give location) 1025 N. JACKSON	
3. NAME OF DECEASED (Type or Print) a. (First) Howell b. (Middle) _____ c. (Last) Gaines			4. DATE OF DEATH (Month) (Day) (Year) June 20 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1899
9. AGE (In years last birthday) 55		9. AGE (In years last birthday) 55	9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John L. Gaines		13b. MOTHER'S MAIDEN NAME Alice McCulley	
14. NAME OF HUSBAND OR WIFE Jettie Gaines		14. NAME OF HUSBAND OR WIFE Jettie Gaines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-01-2145	
17. INFORMANT'S SIGNATURE OR NAME Jettie Lee Gaines		17. INFORMANT'S SIGNATURE OR NAME Jettie Lee Gaines	
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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H2O1 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Duodenal Ulcer Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1940 , to June 20, 1955 , that I last saw the deceased alive on June 18, 1955 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howell Miller M.D.		23b. ADDRESS Macon	
23c. DATE SIGNED 6/21/55		23c. DATE SIGNED 6/21/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 55	
24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.		24d. LOCATION (City, town, or county) (State) Macon, Mo.	
DATE REC'D BY LOCAL REG. 6/21/55		REGISTRAR'S SIGNATURE Keith McNeely	
25. FUNERAL DIRECTOR'S SIGNATURE Lester Shotton		ADDRESS Macon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1960

RECEIVED 6.30.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.55.100
Date Filed 7.2.55

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 Charles L. Shotton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.