

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025257

STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 852

S. 300  
1-57  
422

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton 0422</b>	
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION <b>610 E Padine</b>		d. STREET ADDRESS (If outside, give location) <b>610 E PADINE</b>	
Length of stay in lb <b>3 years</b>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>MATTIE OGG GAINES</b>			4. DATE OF DEATH Month Day Year <b>AUG 6 1958</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12/29/1862</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Richmond Ky 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ST CLAIR OGG</b>		13b. MOTHER'S MAIDEN NAME <b>SALLIE TODD</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES GAINES</b>	
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. <b>None</b>	17. INFORMANT Address <b>Ray Early Clinton MO</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic Cardio-vascular disease</b>		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1945</b> to <b>8/6/58</b> and last saw her alive on <b>7/21/58</b> Death occurred at <b>8:15 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <b>S. B. Hughes M.D. O</b>			22b. ADDRESS <b>Clinton MO</b>		22c. DATE SIGNED <b>8-7-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/8/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ENGLEWOOD CEM</b>		23d. LOCATION (City, town, or county) (State) <b>Clinton MO</b>	
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24. FUNERAL DIRECTOR ADDRESS <b>J E Consolev Clinton MO</b>		25. DATE RECD. BY LOCAL REG. <b>8-7-58</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 .....  
Signature of Student Embalmer

Signed *J E Conalus* .....

Licensed Embalmer No. *1891* .....  
P. O. Address *Clinton* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.