

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043043

FILED VS DEC 8 1959 337

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **95**

UNRECORDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Shelby	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leonard	a. STATE Missouri	b. COUNTY Shelby
Length of stay in 1b 64 years		c. CITY OR TOWN Leonard	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Ellen Last Gaines			4. DATE OF DEATH Month November Day 20 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-24-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Shelby	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charlie Upton		13b. MOTHER'S MAIDEN NAME Lucy Ellen Gaines		14. NAME OF HUSBAND OR WIFE Paul Gaines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 486-44-0541	17. INFORMANT Mrs. Frankie Wood, Shelbyville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CORONARY OCCLUSION		1 mth.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary sclerosis	6 months
	DUE TO (c) HYPERTENSIVE CARDIAC DISEASE	3 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 **Aug 9, 1956** to **Nov. 10, 1959** and last saw her ^{her} _{him} alive on **Nov. 10, 1959**
 Death occurred at **6:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. B.L. Edrington D.O.		22b. ADDRESS Clarence, Mo.		22c. DATE SIGNED 11-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-23-1959	23c. NAME OF CEMETERY OR CREMATORY Leonard Cemetery	23d. LOCATION (City, town, or county) Leonard, Missouri (State)	
24. FUNERAL DIRECTOR Greening Shelbyville, Mo.		25. DATE RECD. BY LOCAL REG. 12-1-59	26. REGISTRAR'S SIGNATURE Ada Garrison	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 9 1959

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 Charles V. Keeney

Licensed Embalmer No. 4625

P. O. Address Laurel Hill

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.