

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004694

FILED VS
INDEXED

JAN 25 1960

322

Primary Registration District No. 6088

Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN W. ...		Length of stay in 1b 51 yrs.		c. CITY OR TOWN Miami Rt. 2, Box 54		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2, Box 54, Miami, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Middle Last Gaberial H. Gaines				4. DATE OF DEATH Month Day Year Jan. 17, 1960									
5. SEX Male		6. COLOR OR RACE Negro.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Nov. 24th 1885		9. AGE (last birthday) 74-51		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Miami, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Barney Gaines				13b. MOTHER'S MAIDEN NAME Mable Small				14. NAME OF HUSBAND OR WIFE unknown.					
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. 493-12-9285		17. INFORMANT Address Mrs. Mable Williams, Miami, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Series of strokes (Cerebral thrombosis)										INTERVAL BETWEEN ONSET AND DEATH 3 months			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) atherosclerosis										3 months			
DUE TO (c) Hypertension										3 months			
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 type="checkbox"/> No <input type="checkbox"/> Unknown					
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 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 October 17-1959 to January 17-1960 and last saw ^{her} him live on 1-17-1960 Death occurred at 2 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W. Sullivan						(Degree or title) M.D.			22b. ADDRESS Miami, Missouri			22c. DATE SIGNED 1-19-1960	
23a. BURIAL/ CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/22/60		23c. NAME OF CEMETERY OR CREMATORY Miami, Missouri				23d. LOCATION (City, town, or county) Miami, Missouri					
24. FUNERAL DIRECTOR Georgette Green				ADDRESS St. ...		25. DATE RECD. BY LOCAL REG. 1-21-1960		26. REGISTRAR'S SIGNATURE Mrs. Raymond Beane					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Eugene H. Green

Licensed Embalmer No. 422

P. O. Address Parish

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.