

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-019174**

**FILED VS MAY 31 1960**

137 Primary Registration District No. 2503 Registrar's No. 157

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <u>Missouri</u> b. COUNTY <u>Henry</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethlehem</u>		Length of stay in 1b <u>68 yrs</u>		c. CITY OR TOWN <u>Brownington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brownington MO Rt 2</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside give location) <u>R7D 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>IDA SAMUEL GAINES</u>				4. DATE OF DEATH Month Day Year <u>May 27 1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-10-1870</u>		9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months Days <u>9 17</u>		IF UNDER 24 HR Hours Min. <u>- -</u>	
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 (City and state or country) <u>Benton County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Samuel Parks</u>				13b. MOTHER'S MAIDEN NAME <u>Edwards</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>700</u>		17. INFORMANT Address <u>R.O. Gaines Brownington MO Rt 2</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death by natural causes - probably</u> DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) 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										INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
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. <u>No medical attendance - died at home with son (Roth Arly Gaines) present</u> attended the deceased from _____, to _____ and last saw him alive on <u>5-27-60</u> Death occurred at <u>approx 7 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>W.S. Graham, MD</u> (Degree or Reg) <u>Coroner</u>				22b. ADDRESS <u>Clinton, Mo.</u>				22c. DATE SIGNED <u>5/27/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5-28-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Good Hope</u>				23d. LOCATION (City, town, or county) <u>Henry County MO.</u>					
24. FUNERAL DIRECTOR <u>F.L. SCHABERG CLINTON MO.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>May 28, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Wildred Bigman</u>							

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 F. J. Schaberg

Licensed Embalmer No. 451

P. O. Address Clinton

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.