

FILED JUN 28 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 19328

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>157</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>67 yrs</u>		c. CITY OR TOWN <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>416 W. Jefferson St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 W. Jefferson</u>				d. STREET ADDRESS (If rural, give location) <u>416 W. Jefferson St.</u>					
3. NAME OF DECEASED (Type or Print) <u>ARTHUR LESLIE GAINES</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>June 18, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 21, 1887</u>	
9. AGE (If years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Galatin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>		13. FATHER'S NAME <u>George W. Gaines</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Judith Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Louise Pocius Gaines</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>J. Adams</u>		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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advanced age</u> DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>454X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>April 14, 1946</u> to <u>June 18, 1949</u> , that I last saw the deceased alive on <u>June 18, 1949</u> , and that death occurred at <u>5:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. W. M. Marsailles D.O.</u>		23b. ADDRESS <u>614 S. Main</u>		23c. DATE SIGNED <u>June 20-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>					
24d. LOCATION (City, town, or county) <u>Clinton, Mo.</u>		24e. (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Vanceant</u>					
DATE REC'D BY LOCAL REG. <u>June 20-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		ADDRESS <u>Clinton, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 7,  
District File Number 5-49-770  
Date Filed 6-27-49

**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 N. A. Varsant

Licensed Embalmer No. 3779

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 this body is not embalmed, fact should be so stated above.