

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26751

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5503 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bethlehem</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bethlehem</u>	
c. LENGTH OF STAY (in this place) <u>84 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi N.E. of Bronington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u> b. (Middle) _____ c. (Last) <u>GAINES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2-49</u>	
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 16-1857</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Danville Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benjamin Gaines</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Gilkey</u>	14. NAME OF HUSBAND OR WIFE <u>Eda Gaines</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orval Gaines</u> ADDRESS <u>Bronington Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Endarteritis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>		4214	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 5/17, 1949, to same date, that I last saw the deceased alive on 5/17, 1949, and that death occurred at 11-12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Peeler M.D.</u> (Degree or title)	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>9/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Henry County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 2-49</u>	REGISTRAR'S SIGNATURE <u>Florence Aitavon</u> 422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred... Clinton Mo</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 8-49-107

Date Filed 9-7-49

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 *James M. ... Jr.*

Licensed Embalmer No. 4576

P. O. Address *Clinton, Mo.*

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.