

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18325**

FILED JUL 6 1954

BIRTH NO. _____		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 3014		Registrar's No. 281	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) Liberty - Twp		c. LENGTH OF STAY (in this place) 60 yrs.		c. CITY OR TOWN Liberty		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 N. Prairie				e. STREET ADDRESS (If rural, give location) 317 N. Prairie			
3. NAME OF DECEASED (Type or Print) a. (First) FANNIE		b. (Middle) _____		c. (Last) GAINES		4. DATE OF DEATH (Month) (Day) (Year) June 26-54	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr 16-1884	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		11. BIRTHPLACE (City and State or Foreign Country) Smithville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Smithville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Stratter		13b. MOTHER'S MAIDEN NAME Ann Merritt		14. NAME OF HUSBAND OR WIFE Estel Gaines			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Ella Murray ADDRESS Liberty Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Encephalomalacia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERNAL BETWEEN ONSET AND DEATH months	
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) Liberty Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332 X			
22. I hereby certify that I attended the deceased from 1950 , to June 26, 1954 , that I last saw the deceased alive on June 18, 1954 , and that death occurred at 5:30 p m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm H. Bradson M.D.				23b. ADDRESS Liberty Mo.		23c. DATE SIGNED 6/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 6-29-54		24c. NAME OF CEMETERY OR CREMATORY New Hope		24d. LOCATION (City, town, or county) (State) Liberty Mo.	
DATE REC'D BY LOCAL REG. June 29, 1954		REGISTRAR'S SIGNATURE Mabel Graham		25. FUNERAL DIRECTOR'S SIGNATURE Church. Archer		ADDRESS Liberty Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *John Lombard*

Licensed Embalmer No. *44*

P. O. Address *Liberty*

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.