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DEPARTMENT OF COMMERCE  
Missouri  
FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36606  
Registrar's No. 18

Registration District No. 871 Primary Registration District No. 4525

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Metz  
(c) Name of hospital or institution At home  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 (Specify whether years, months or days)  
In this community five years

3. (a) PRINT FULL NAME Edmund Bruce Gaines  
8. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lydia Taylor Gaines 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Dec 18 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Indianapolis, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name Frank Gaines  
13. Birthplace Unknown Ill. (City, town, or county) (State or foreign country)

14. Maiden name Sarah (Miss) Unknown  
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Gaines  
(b) Address Metz, Mo.

17. (a) Burial (b) Date thereof Oct 28 '40 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Walter H. Days  
(b) Address Newada, Mo.

19. (a) Nov 2 1940 (b) Thelma Griffin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon  
(c) City or town Metz Mo  
(If outside city or town limit, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ✓ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 27  
year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Sept 24 1940 to Oct 27 1940  
that I last saw him alive on Oct 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pancreas  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City, town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 850

(Specify type of place) \_\_\_\_\_  
(a) Means of Injury \_\_\_\_\_  
23. Signature Walter H. Days (M. D. or other) M.D.  
Address Rich Hill, Mo. Date signed 10/30/40

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

RECEIVED

District Health Officer No. 71

District File Number

11-46-1027

Date Filed

11-13-40

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Allen V. Hays*

Licensed Embalmer No.

1968

P. O. Address

*Nevada m*

**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, above space should be left blank.**