

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28918**

FILED OCT 9 1948

Registration District No. _____

Primary Registration District No. **1000**

Registrar's No. **1052**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Osteopathic Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **24 hours**
 (Specify whether
 In this community **24 hours**
 years, months or days)

3. (a) PRINT FULL NAME **Effie F. Gaines**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Robert E.** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **August 6, 1875**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
J	73	1	25	hr. min.

9. Birthplace **Jameson, Mo.** **Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Alonzo Hankins**
 13. Birthplace **Ray County, Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Levica Glascock**
 15. Birthplace **Ray County, Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Vesper Feurt.**
 (b) Address **Jameson, Missouri**

17. (a) **removal** (b) Date thereof **10-1-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gallatin, Missouri**

18. (a) Signature of funeral director **Stamey Funeral Home**
 (b) Address **St. Joseph, Missouri**

19. (a) **10-5-48** (b) **G. S. Jenkins**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**
 (c) City or town **Jameson**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **---**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **1**
 year **1948** hour **4** minute **40** P.M.

21. I hereby certify that I attended the deceased from **1948-Sept 30**
2 that I last saw her alive on **10-1-48**, 19**48**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism + thrombosis**
 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations **10/3/48**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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 or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) **2**

While at work? (e) Means of injury _____

23. Signature **C. L. Ferguson** (M.D. or other) **DO.**
 Address **80 1/2 Main St. St. Joseph, Mo.** Date signed **10-1-48**

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

2
 43
 7-39
 X36671

FEB 25 1957

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.....
.....**Charles E. Bennett**....., Registered Apprentice No. **284**
working under my personal supervision.

Signed.....

John Roy Stacey
.....
Licensed Embalmer No. **2435**

P. O. Address..... **St. Joseph**

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.