

FILED JUN. 15 1949 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16289**  
Registrar's No. **102**

*Burner*  
*49*  
*1*  
*3*

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

BIRTH NO. _____		REG. DIST. NO. <b>157</b>		PRIMARY REG. DIST. NO. <b>3028</b>		Registrar's No. <b>102</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>911 Orner</b>				d. STREET ADDRESS (If rural, give location) <b>911 Orner</b>			
3. NAME OF DECEASED (Type or Print) <b>John Samuel Gaines</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1949.</b>	
5. SEX <b>M. O</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar 16, 1865</b>	
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Saline Co., Mo. O</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>H. Gaines</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie Ray</b>			14. NAME OF HUSBAND OR WIFE <b>Malinda Ann</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fern Davis, Carthage, Mo.</b>		ADDRESS	
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) <b>Cancer sigmoid</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>  <b>153X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 31, 1949</b> , to <b>May 31, 1949</b> , that I last saw the deceased alive on <b>May 31, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Faul H. Binner M.D.</b>				23b. ADDRESS <b>Carthage, Mo.</b>		23c. DATE SIGNED <b>6/4/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5-5-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6/4/49</b>		REGISTRAR'S SIGNATURE <b>P. B. Clinton M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed. C. Ulmer, Carthage, Mo.</b>		ADDRESS	

Per. N. Fry, Funeral Director's Statement on Reverse Side

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.

Signed.....

*Gene C. Pugh*

Licensed Embalmer No. ....

*4731*

P. O. Address.....

*Carthage mo*

Signed.....  
Student Embalmer

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.