

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1949

State File No. 23962

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>	
c. LENGTH OF STAY (In this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>N 16th ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N 16th ST.</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>GEORGE</u>		b. (Middle) <u>R.</u>		c. (Last) <u>GAFFIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 3, 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov 13, 1872</u>		9. AGE (In years last birthday) <u>76</u>		if UNDER 1 YEAR Months <u>6</u> Days <u>20</u>		if UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>			11. BIRTHPLACE (State or foreign country) <u>CHINTON, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Wm Gaffin</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZ. DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>LUCY DELL BURRESS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Myron Reynolds</u>		ADDRESS <u>Lex. 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, asthenia, 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>Myocardial Stenosis & Chronic</u>			
	ANTECEDENT CAUSES DUE TO (b) <u>Arterial Sclerosis</u>			
	DUE TO (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Arthra</u>				<u>4/10X</u>

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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to June 3, 1949, that I last saw the deceased alive on June, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>	23b. ADDRESS <u>Lexington Mo</u>	23c. DATE SIGNED <u>6/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MACHPELAK</u>	24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MO</u>
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DATE REC'D BY LOCAL REG. <u>6/30/49</u>	REGISTRAR'S SIGNATURE <u>Wm E. Eachus</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TEMPLE</u>	ADDRESS <u>LEX. MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 11
District Health Officer No.
District File Number
Date Filed 7-15-49

Blair

JUL 18 1949

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 *Geo. M. Kean*

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.