

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11700

BIRTH NO.		REG. DIST. NO. 140	PRIMARY REG. DIST. NO. 3024	Registrar's No. 32
1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Fayette, Mo.</b> )		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Fayette</b>	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 <b>105 E. Walnut</b>		STREET ADDRESS (If rural, give location) <b>105 E. Walnut St. 045/0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>		b. (Middle)	c. (Last) <b>Gaines</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 18, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/20/1888</b>	9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hepper Brick Layer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James B. Gaines</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Hill</b>	14. NAME OF HUSBAND OR WIFE <b>Eulah Lou Harris</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>486-05-9521</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eulah Lou Gaines Fayette, Mo.</b>	
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>Sarcoma of Bladder</b> ANTECEDENT CAUSES <b>None</b> DUE TO (b) <b>None</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Generalized Metastatic Sarcoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
19a. DATE OF OPERATION <b>Jan 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Sarcoma of Bladder</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE	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)	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 <b>4-1-1954</b> , to <b>4-18-1955</b> , that I last saw the deceased alive on <b>4-18-1955</b> and that death occurred at <b>2:00 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>W. Bloom M.D.</b>		23b. ADDRESS <b>Fayette Mo</b>	23c. DATE SIGNED <b>4-23-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/21/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-23-55</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ralph A. Cunn</b> Fayette, Mo.	

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, ~~\_\_\_\_\_~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Ralph A. Carr*

Licensed Embalmer No..... *38*

P. O. Address..... *Gayle*

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.