

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25427

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 944

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural (Deerborn))		c. CITY OR TOWN Deerborn Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 017th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home (Crawford Twp)			

3. NAME OF DECEASED (Type or Print)	a. (First) ARCH	b. (Middle) R.	c. (Last) GAINES	4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 29, 1887	9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months Days	# UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Plette County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jefferson Gaines	13b. MOTHER'S MAIDEN NAME Margaret Wood	14. NAME OF HUSBAND OR WIFE Willemme Gaines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If res. give war or dates of service) not given	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Gaines, DeKalb, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 year 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Deposits		
	DUE TO (c) 4200 of		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 **Feb. 6, 1955**, to **Aug 28, 1955**, that I last saw the deceased alive on **Aug. 28, 1955**, and that death occurred at **2:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. P. Lusham M.D.	23b. ADDRESS Deerborn, Mo.	23c. DATE SIGNED 8-29-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Deerborn Cemetery	24d. LOCATION (City, town, or county) (State) Deerborn, Missouri
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DATE REC'D BY LOCAL REG. Aug 31, 1955	REGISTRAR'S SIGNATURE Bethen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn & Aufreng, Deerborn, Mo.
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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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Vaughn*

Licensed Embalmer No. *402*

P. O. Address *Weston*

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.