

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035612

STATE FILE NUMBER

FILED OCT 17 1958

Registration District No. 13

Primary Registration District No. 7

Registrar's No. 595

S. 300

1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FISK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION POPLARBLUFF HOSP.		Length of stay in 1b 1 Week	d. STREET ADDRESS (If outside, give location) 012 0 5 MILE N. OF FISK
3. NAME OF DECEASED (Type or print) First WILLIAM Middle R. Last GAINES		4. DATE OF DEATH Month 9 - Day 29 - Year 58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 19, 1882
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI
13a. FATHER'S NAME JOSEPH GAINES		13b. MOTHER'S MAIDEN NAME ADDIE LEE BURCHFIELD	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 385-16-4314	17. INFORMANT Address CLAUDE GAINES PONTIAC, MICH.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Decompensation</i> DUE TO (b) <i>Myocardites</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <i>4222</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Refluxes - Pyloric obstruction total - Gastroenteritis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> 7 1
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD		22b. ADDRESS <i>321 Oak Poplar Bluff Mo</i>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/> REMOVAL	23b. DATE 10 - 1 - 58	23c. NAME OF CEMETERY OR CREHATORY DOWDY CEMETERY	23d. LOCATION (City, town, or county) (State) STODDARD COUNTY MO.
24. FUNERAL DIRECTOR J.C. WHITE FISK, MO.		25. DATE RECD. BY LOCAL REG. 10/11/58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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BUTLER CO. HEALTH CENTER

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FILE No. _____

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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 *Raymond L. Duffer*

Licensed Embalmer No. *4798*

P. O. Address *Berme, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.