

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1249

105

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2 5/8</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3324 Campbell Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Robert</u> c. (Last) <u>Galbraith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1891</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during present or previous life, even if retired) <u>Cab driver</u>	11. BIRTHPLACE (State or foreign country) <u>Hiawatha, Kansas</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Robert McWilliams Galbraith</u>	
14. MOTHER'S MAIDEN NAME <u>Eva Frost</u>		15. NAME OF HUSBAND OR WIFE <u>Vivian M. Galbraith</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, state branch or service) <u>Yes</u>		17. SOCIAL SECURITY NO. <u>496-05-0632</u>	18. INFORMANT'S SIGNATURE OR NAME <u>Vivian M. Galbraith</u> ADDRESS <u>3324 Campbell</u>
19. 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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42212</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 <u>July 5, 1948</u> , to <u>Jan 8, 1949</u> , that I last saw the deceased alive on <u>Jan 7, 1949</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James J. Critten</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>3119 Grand St. K.C. Mo.</u>	23c. DATE SIGNED <u>1-8-'49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 10, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FORT LEAVENWORTH KANSAS</u>
DATE REC'D BY LOCAL REG. <u>1-10-49</u>	REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newman Sons</u> ADDRESS <u>140157 Wash Creek K.C. Mo.</u>	

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

DEC 3 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

Doyle P. Daniel

Student Embalmer No. *278*

working under my personal supervision.

Signed *Doyle P. Daniel*
Student Embalmer

Signed *Bernard L. Goran*

Licensed Embalmer No. *4256*

P. O. Address *NCM*

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.