

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1949

State File No. 7453

BIRTH NO. _____		REG. DIST. NO. 542		PRIMARY REG. DIST. NO. 1000		Registrar's No. 356	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buch. 11			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) ---		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		7	
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 W. Louis, St. 1				d. STREET ADDRESS (If rural, give location) 109 W. Louis, St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Wallace		c. (Last) Galley		4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1949	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 0		8. DATE OF BIRTH Dec. 31, 1876	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Paper Worker		11. BIRTHPLACE (State or foreign country) Columbus, Nebraska 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Galley		13b. MOTHER'S MAIDEN NAME Helen Hudson		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-09-7417		17. INFORMANT'S SIGNATURE OR NAME Mrs. P.R. Herblson-St. Joseph, Mo. ADDRESS			
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) Carcinomatous  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) Gastric ulcer  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  15 1/2	
19a. DATE OF OPERATION 10-21-47		19b. MAJOR FINDINGS OF OPERATION Subtotal Gastrectomy - for 10 months operation refused				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 1-25, 1947, to 3-28, 1949, that I last saw the deceased alive on 3-25, 1949, and that death occurred at 8: a m., from the causes and on the date stated above.							
23a. SIGNATURE S.P. Herblson M.D. (Degree or title)				23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 3-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/30/49		24c. NAME OF CEMETERY OR CREMATORY Green Cemetery		24d. LOCATION (City, town, or county) (State) Andrew County, Mo.	
DATE REC'D BY LOCAL REG. April 2, 1949		REGISTRAR'S SIGNATURE K. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home		ADDRESS Stamey Funeral Home-St. Joseph, 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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Charles M. Harman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.