

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12409

1594

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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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3347 Baltimore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3347 Baltimore</u>		e. STREET ADDRESS <u>3347 Baltimore</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>B.</u> c. (Last) <u>GALWITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 1949</u>
5. SEX <u>F / W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 29, 1862</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Fulton, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>Melcina Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>Charles A. Galwith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lester T. Galwith, 3347 Baltimore</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no post mortem</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:35A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh H. Owens</u>		23b. ADDRESS <u>10341 State Blvd</u>	23c. DATE SIGNED <u>4-10-49</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Near Fulton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Wagner, K.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-11-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

JUN 29 1961

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
Student Embalmer

Signed *Alvin R. Haunschuld*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.