

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42212**

BIRTH NO. 124 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6075 Registrar's No. 428

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington OR TOWN RURAL		c. CITY (If outside corporate limits, write RURAL and give township) Clarkton	
c. LENGTH OF STAY (in this place) 3 mos.		d. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle)		c. (Last) GALLIMORE		4. DATE OF DEATH (Month) (Day) (Year) December 6, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH May 13, 1877	
9. AGE (In years last birthday) 72		10. MONTHS 6		11. DAYS 23		12. HOURS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Galeonda, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Gallamore		13b. MOTHER'S MAIDEN NAME Elizabeth Gowen		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Nephrosclerosis		1 year	
		DUE TO (c) Hypertensive C.V.R. Disease		1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Psychosis & Cerebral Arteriosclerosis		1 year	

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) 442K	
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 August 19, 1949 to Dec. 6, 1949, that I last saw the deceased alive on Dec. 6, 1949, and that death occurred at 12:50 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Brennan, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 12-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	
24d. LOCATION (City, town, or county) (State) Clarkton, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ether Rudolph		ADDRESS Day Funeral Home, Malden, Missouri	
DATE REC'D BY LOCAL REG. Dec 9, 1949		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

12-27-49

Health Officer Ed. 4

File Number 1249-16

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 _____

C. Cozian

Licensed Embalmer No. 4084

P. O. Address *Farmington Me.*

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.