

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1950

State File No. 23764
Registrar's No. 266

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 237

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown		c. LENGTH OF STAY (In this place) 6 mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9305 E. 68th St.		d. STREET ADDRESS (If rural, give location) 9305 E. 68th St.	
3. NAME OF DECEASED (Type or Print) Esther		a. (First) Esther	b. (Middle) Galloway
c. (Last) Galloway		4. DATE OF DEATH (Month) (Day) (Year) June 30 1950.	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 17, 1892
9. AGE (In years last birthday) 57		10. MONTHS 5	11. HOURS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? England		13a. FATHER'S NAME Charles Jones	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ernest Galloway	
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. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leroy Gammon, Raytown, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus INTERVAL BETWEEN ONSET AND DEATH 2 min.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation 2 wks. DUE TO (c) Mitral stenosis 20 yrs. (3.3)	
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 Mar. 8 , 19 50 , to June 30 , 19 50 , that I last saw the deceased alive on June 20 , 19 50 , and that death occurred at 1 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE D. M. Newbank M.D.		23b. ADDRESS Raytown Mo.	
23c. DATE SIGNED June 30, 50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	
24d. LOCATION (City, town, or county) (State) Raytown, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Steger Raytown Mo	
DATE REC'D BY LOCAL REG. July 10, 1950		REGISTRAR'S SIGNATURE Wm. G. Sealey	

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

JUL 26 RECD

JUL 29 1951

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 Charles H. Stebbins

Licensed Embalmer No. 4560

P. O. Address 1500 2nd

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.