

FILED DEC 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37406

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (In this place) 4 Hours		d. STREET ADDRESS (If rural, give location) 1020 Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Karr	
c. (Last) GALBRAITH		4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1887
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Milling Co.	11. BIRTHPLACE (State or foreign country) Lampasas, Texas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME L. W. Galbraith	
13b. MOTHER'S MAIDEN NAME Mattie Karr		14. NAME OF HUSBAND OR WIFE Maude Ballard Galbraith	
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. 490-10-0551	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. K. Galbraith
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
MORBID CONDITIONS, if any, giving rise to the above cause. (a) stating the underlying cause last.		DUE TO (b) Hypertensive cardiovascular disease	
		DUE TO (c) Compression fracture 2nd vert.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3, 9020	
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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in store	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jelleville, Ark.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 2 1950 10 a.m.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell down open elevator shaft	
22. I hereby certify that I attended the deceased from 10/14, 1950 , to Nov. 24, 1950 , that I last saw the deceased alive on Nov 24, 1950 , and that death occurred at 12:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. K. Galbraith		23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 11/25/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-26-1950	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
DATE REC'D BY LOCAL REG. 12-2-50	REGISTRAR'S SIGNATURE L. B. Blunt	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	
		ADDRESS Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

3-2-50

RECEIVED 12-4-50

Jasper County Health Office

County File Number 50-11-858

Date Filed 12-4-50

NOV 31 1950

DEC 12 1950

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

Sam O. Pugh

Licensed Embalmer No.

4731

P. O. Address

Cartersville, Ga.

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.