

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13629

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>6013</u>		Registrar's No. <u>8</u>				
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Township</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Township</u>		<u>0880</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East of Thomas Hill</u>				d. STREET ADDRESS (If rural, give location) <u>East of Thomas Hill</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Fred</u>		c. (Last) <u>Gallup</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-7-1909</u>		9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>	IF UNDER 1 MIN. Hours <u>0</u>	IF UNDER 1 MIN. Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>gen. laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Evan Gallup</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Lee Tucker</u>			14. NAME OF HUSBAND OR WIFE <u>Catherine Lucille Gallup</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine L. Gallup</u>		ADDRESS <u>Clifton Hill</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						3 year			
	Myocardial Degeneration									
	*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____									
	DUE TO (c) _____									
	II. OTHER SIGNIFICANT CONDITIONS									
	Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
								<u>4222</u>		
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)		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 <u>Jan. 7, 1951</u> , to <u>April 7, 1951</u> , that I last saw the deceased alive on <u>April 7, 1951</u> , and that death occurred at <u>12:00pm.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>B. Noel Rains</u>				23b. ADDRESS <u>D.O. Clifton Hill, Mo.</u>		23c. DATE SIGNED <u>4-8-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Redmond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Hallsville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Apr. 14-51</u>		REGISTRAR'S SIGNATURE <u>Wm. D. A. Bernhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom R. Patton</u>		ADDRESS <u>Hunterville, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 17 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-746  
Date Filed: APR 17 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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntville, Mo.

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.