

FILED SEP 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30776

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 8040 Registrar's No. 117

5920

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY Ventura	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ventura	
c. LENGTH OF STAY (in this place) 2 years.		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION Municipal Hospital		d. STREET ADDRESS (If rural, give location) 182 Lewis	

3. NAME OF DECEASED (Type or Print)	a. (First) Cloyd	b. (Middle) Mathew	c. (Last) Gallentine	4. DATE OF DEATH (Month) (Day) (Year) Sept. 14 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 25 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Engineer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Cloyd Co Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Gallentine	13b. MOTHER'S MAIDEN NAME Mahalia Smith	14. NAME OF HUSBAND OR WIFE Elizabeth Gallentine
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. [check]	17. INFORMANT'S SIGNATURE OR NAME Russell Gallentine 182 Lewis St. Ventura, Calif.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 4 days 4 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Genl Peritonitis perforated peptic ulcer		
	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 None	19b. MAJOR FINDINGS OF OPERATION 5.401	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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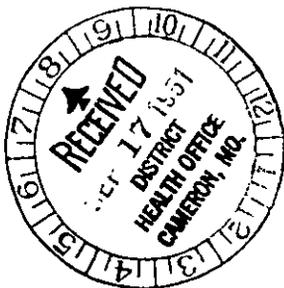
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 12, 1951, to Sept 19 51, that I last saw the deceased alive on Sept 14, 1951, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.W. Carpenter M.D.	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 9-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5	24c. NAME OF CEMETERY OR CREMATORY Ivy Lawn	24d. LOCATION (City, town, or county) (State) Ventura Calif.
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DATE REC'D BY LOCAL REG. 9-15-51	REGISTRAR'S SIGNATURE Frances R. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Robertson Funeral Home Laredo Mo
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OCT 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. M. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.