No. 300

10:45

FILED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2242

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 8

804
1

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 208 South Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 2021 South Grand 0

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): O.
c. (Last): GALBRAITH

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 20, 1866
9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR Months: 7 Days: 18 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail carrier
10b. KIND OF BUSINESS OR INDUSTRY: Postal Dept.
11. BIRTHPLACE (State or foreign country): Platte County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William T. Galbraith
13b. MOTHER'S MAIDEN NAME: Nancy Oliver Galbraith
14. NAME OF HUSBAND OR WIFE: Perlina Florence Hiatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Harry Hoover, 2021 S. Grand Sedalia, Mo.
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple carcinoma of skin

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ metastases
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 191X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7, 1951, *to* Jan 8, 1952, *that I last saw the deceased alive on* Jan 1, 1952, *and that death occurred at* 6.15 p m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E Lamy M.D. 0
23b. ADDRESS: 111 West 4th Sedalia Mo.
23c. DATE SIGNED: 1-9-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 1/11/52
24c. NAME OF CEMETERY OR CREMATORY: Marshall Cemetery
24d. LOCATION (City, town, or county) (State): Platte City, Missouri

DATE REC'D BY LOCAL REG.: 1-10-52
REGISTRAR'S SIGNATURE: A. J. Campbell M.D. Colette Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Duane Ewing
ADDRESS: Sedalia, Mo.

251-C

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 21 1952
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 21 1952

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.