

FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7611**

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Auxvasse</u>		c. CITY OR TOWN <u>Auxvasse</u> <u>0140</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <u>BERTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 30, 1952</u>	
a. (First)		b. (Middle) <u>GALBREATH</u>	
c. (Last)			
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 10, 1888</u>
9. AGE (In years) <u>63</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joseph Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Hunter</u>	
14. NAME OF HUSBAND OR WIFE <u>Richard Galbreath</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>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. Galbreath</u>		ADDRESS <u>Auxvasse Mo</u>	
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) <u>Uremic poisoning</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic nephritis</u> <u>6 months</u> DUE TO (c) <u>Generalized arteriosclerosis</u> <u>2 years</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u> <u>6 months</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>1/19, 1952</u> , to <u>3/7, 1952</u> that I last saw the deceased alive on <u>3/7, 1952</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thos. J. Sawyer, M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>3/12/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 12, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Auxvasse Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar-15-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral & Undert Co</u>		ADDRESS <u>Callaway Mo</u>	

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

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In Charge
Miss
Quinn

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.