

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Gentry
State File No. **8011**
Registrar's No. **253**

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

396
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1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 807 W. BROWER	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL			

3. NAME OF DECEASED (Type or Print) MOLLIE GALBRAITH	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MARCH 10, 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 18 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) GREENE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES S. GALLOWAY	13b. MOTHER'S MAIDEN NAME ELIZABETH WILHITE	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) NO (If yes, give war or dates of service) NS	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME MISS EMMA GALBRAITH ADDRESS SPRINGFIELD, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hr 3 days 20 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subular Pneumonia, related Terminal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage from septal aorta, massive DUE TO (c) Diabetes Mellitus		
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 4621	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	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) (Minute)	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 **3-7**, 19**52**, to **3-10**, 19**52** that I last saw the deceased alive on **3-10**, 19**52** and that death occurred at **8:45 a.** m., from the causes and on the date stated above.

23a. SIGNATURE M. Gentry M.D. (Degree or title)	23b. ADDRESS Med Arts Bldg Springfield Mo	23c. DATE SIGNED 3-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/12/52	24c. NAME OF CEMETERY OR CREMATORY DANFORTH CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 3-12-52	REGISTRAR'S SIGNATURE James H. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James T. Hendley*

Licensed Embalmer No. *48151*

P. O. Address *Springfield*

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.