S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25348

State File No. .....

FILED JUL 29 1952

BIRTH NO. ..... REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5960 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Platte 0830 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dearborn Green
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home) Dearborn, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Platte 0830
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dearborn, Mo. 0
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) B. c. (Last) GALBREATH

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct.18.1872
9. AGE (In years last birthday) ~~80~~ 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George H. Galbreath
13b. MOTHER'S MAIDEN NAME Annie Davis
14. NAME OF HUSBAND OR WIFE Effie Galbreath

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 ADDRESS Berniece Facuett, Facuett, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 Month

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

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 331 X
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* 6-17, 1952 *to* 7-20, 1952, *that I last saw the deceased alive on* 7-19, 1952 *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) S. L. Durham MD
23b. ADDRESS Dearborn Mo
23c. DATE SIGNED 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE July 22, 1952
24c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetary
24d. LOCATION (City, town, or county) (State) Dearborn, Missouri

DATE REC'D BY LOCAL REG. July 21-52
REGISTRAR'S SIGNATURE Ophia Rollins 257-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughn & Aufranc Dearborn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1957

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 W. R. Vaughn

Licensed Embalmer No. 4623

P. O. Address Weston, 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.