. No. 300
. 10.48

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

L OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30677

State File No.

BIRTH NO. 58254 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cassville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Sugar Creek) 0-750
d. STREET ADDRESS (If rural, give location): 5

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Thomas
c. (Last): Galyen

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1952

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): nevermarried 0

8. DATE OF BIRTH: October 1, 1952

9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Seligman, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John T. Galyen

13b. MOTHER'S MAIDEN NAME: Margaret Brandon

14. NAME OF HUSBAND OR WIFE: none

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.: no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John T. Galyen-Seligman, Missouri

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) Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atresia Ani — 5 days.
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: 7561

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* Oct 2, 1952, *to* Oct 6, 1952, *that I last saw the deceased alive on* Oct 6, 1952, *and that death occurred at* 6 45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas I. Dunn M.D.

23b. ADDRESS: Cassville, Missouri

23c. DATE SIGNED: Oct. 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 10-9-1952

24c. NAME OF CEMETERY OR CREMATORY: Mineral Springs

24d. LOCATION (City, town, or county) (State): Mineral Springs, Missouri

DATE REC'D BY LOCAL REG.: 10-9-1952

REGISTRAR'S SIGNATURE: Grace Williams 10-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. E. Culver - Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

056
0

111

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 Elmo D. Triplett

Licensed Embalmer No. 4817

P. O. Address Cassville, 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.