

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 65

860
1

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">PUTNAM</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">MISSOURI</p>		b. COUNTY <p style="text-align: center;">PUTNAM</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">UNIONVILLE</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">70 YEARS</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">UNIONVILLE</p>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HENRY	b. (Middle) CLINTON	c. (Last) GALLOWAY	(Month) SEPT.	(Day) 19	(Year) 1952

5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /	8. DATE OF BIRTH MAY 24 1878	9. AGE (In years last birt. day) 79	10. UNDER 1 YEAR 3 Months	11. UNDER 1 MONTH 25 Days	12. UNDER 1 HRS. Hours	13. UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) PUTNAM COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM GALLOWAY	13b. MOTHER'S MAIDEN NAME SARAH NIDAY	14. NAME OF HUSBAND OR WIFE LAURA GALLOWAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS LAURA GALLOWAY	ADDRESS UNIONVILLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 months years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 2, 1951 to Sept 19, 1952, that I last saw the deceased alive on Sept 19, 1952, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Chas. L. Judd</i>	(Director or title)	23b. ADDRESS <i>Unimacille #209 Bob</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 21 1952	24c. NAME OF CEMETERY OR CREMATORY WEST LIBERTY CEMETERY	24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI
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DATE REC'D BY LOCAL REG. 10-4-52	REGISTRAR'S SIGNATURE <i>Marvett Dunbar</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>COMSTOCK FUNERAL HOME</i>	ADDRESS UNIONVILLE, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.