

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

41825

State File No. 1-2705  
 Registrar's No. 3015

BIRTH NO. JAN 13 1953 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

0251

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

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO -</u> b. COUNTY <u>CLINTON</u>	
b. CITY OR TOWN <u>CAMERON MO -</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u> <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON COMM. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALBERT</u>	b. (Middle) <u>GEORGE</u>	c. (Last) <u>GALL</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>12 - 28 - 52</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept-22-1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 11 HRS. Hours <u>6</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CATTLEMAN &amp; FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LIVE STOCK</u>	11. BIRTHPLACE (State or foreign country) <u>LATHROP MO. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN HENRY GALL</u>	13b. MOTHER'S MAIDEN NAME <u>ARDELINE TIPTON</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ROBINETT GALL</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>497-1450220</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Mary S. Gall</u>	ADDRESS <u>Lathrop Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>not determined</u> <u>not determined</u> <u>not determined</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c) <u>Generalized arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>			<u>not determined</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	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) (Min.)	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 12-11, 1952, to 12-28, 1952, that I last saw the deceased alive on 12-28, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>St. Vetterston MD</u>	23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>1-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-53</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Crank</u>	ADDRESS <u>Cameron, Mo</u>
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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.....

*Harold P. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Lathrop 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.