

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29486

State File No.

FILED AUG 17 1953

BIRTH NO. 45158 REG. DIST. NO. 267 PRIMARY REG., DIST., NO. 3049 Registrar's No. 129

781
0

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Little River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u>		b. (Middle) <u>Andrew</u>	
c. (Last) <u>Galmore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Aug. 5, 1953</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 HRS. Hours <u>7</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Hayti, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Johnny C. Galmore</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Mae Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Johnny Galmore</u>		ADDRESS <u>R. 1 Wardell, Mo.</u>	
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) <u>Prematurity</u> 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 <u>776X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5 Aug, 1953</u> , to <u>6 Aug, 1953</u> , that I last saw the deceased alive on <u>6 Aug, 1953</u> , and that death occurred at <u>10 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. ...</u> (Degree or title)		23b. ADDRESS <u>Carnationville, Mo</u>	
23c. DATE SIGNED <u>10 Aug 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saint Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-11-53</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u> <u>406</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buried by Family</u>	

8-259-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 14 1953

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_____

Body was not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.