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FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34880

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY PIKE

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LOUISIANA

c. LENGTH OF STAY (In this place) Days

d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE - COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE ILL
b. COUNTY PIKE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PLEASANT-HILL

d. STREET ADDRESS (If rural, give location) PLEASANT-HILL

3. NAME OF DECEASED (Type or Print)
a. (First) MAYO b. (Middle) -LEATON- c. (Last) GALLOWAY

4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 54

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec. 16, 83 9. AGE (In years last birthday) 70 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) FARMING 10b. KIND OF BUSINESS OR INDUSTRY GENERAL 11. BIRTHPLACE (State or foreign country) PLEASANT-HILL, ILL 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME AUGUSTUS - L GALLOWAY 13b. MOTHER'S MAIDEN NAME Mrs. M. Cornell 14. NAME OF HUSBAND OR WIFE TESSIE - GALLOWAY

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 H. A. Galloway, Golden ADDRESS 509

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 min

ANTECEDENT CAUSES DUE TO (b) Arterio Sclerotic Heart Dis 4 yrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Congestive H. Failure

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. 4200 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) _____ 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 21, 1954, to Oct 29, 1954, that I last saw the deceased alive on Oct 28, 1954, and that death occurred at 7:35 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Middleton M.D. 23b. ADDRESS Louisiana 976 23c. DATE SIGNED Oct 31 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED 24b. DATE Oct. 31, 54 24c. NAME OF CEMETERY OR CREMATORY CRESCENT HEIGHTS 24d. LOCATION (City, town, or county) (State) PLEASANT-HILL, ILL

DATE REC'D BY LOCAL REG. Oct 31 1954 REGISTRAR'S SIGNATURE Bernice Collier 25. FUNERAL DIRECTOR'S SIGNATURE R. Harman ADDRESS Pleasant Hill, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 1956

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 R. Hamman

Licensed Embalmer No. 5208

P. O. Address Pleasant Hill

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.