

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39903

State File No.

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6208 Registrar's No. 49

1071

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Galt</u>	c. LENGTH OF STAY (In this place) <u>12 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>10702</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) <u>HOSPITAL OR INSTITUTION</u>		d. STREET ADDRESS <u>174 mi S.E. of Jynae, Mo.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>FLORENCE</u>	b. (Middle) <u>HETTIE</u>	c. (Last) <u>GALE</u>	(Month) <u>Nov.</u>	(Day) <u>4</u>	(Year) <u>1954</u>

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 25/1903</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marion Co. Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A</u>
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13a. FATHER'S NAME <u>Albert Kitcher</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Hensley</u>	14. NAME OF HUSBAND OR WIFE <u>Charley</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Dale Jynae Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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>331X</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)	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 Nov 4, 1954, to _____, 19____, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Garrett Blyss Jun</u>	(Degree or title)	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>Nov 8/54</u>
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24a. BURIAL CEMETERY OR CREMATION REMOVAL (Specify) <u>Wendell</u>	24b. DATE <u>11-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wendell</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 16-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	3270	25. FUNERAL DIRECTOR'S SIGNATURE <u>Callcott Funeral Home Huston Mo</u>	ADDRESS
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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.....

Frank E. Wood

Licensed Embalmer No.

4026

P. O. Address.....

Houston Va

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.