

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 848

FILED FEB 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>137</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon</u> <u>0550</u>		d. STREET ADDRESS (If rural, give location) <u>711 So. Hazel</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>711 So. Hazel</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolphus</u> b. (Middle) <u>Galloway</u> c. (Last) <u>Galloway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>-2-9-55</u>					
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-30-1876</u>		9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR <u>4</u> Months <u>9</u> Days	11. UNDER 18 HRS. <u>9</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>		11. BIRTHPLACE (State or foreign country) <u>Van Wert Co. Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Benjamin Franklin Galloway</u>		13b. MOTHER'S MAIDEN NAME <u>Rouetta Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Galloway</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) _____		16. SOCIAL SECURITY NO. <u>493-16-2978</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice Galloway</u> ADDRESS <u>Mt Vernon, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture intertrochanteric, comminuted, displaced.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>				
DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8350</u> <u>33</u>				INTERVAL BETWEEN ONSET AND DEATH _____				
19a. DATE OF OPERATION <u>1/27/55</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mt. Vernon, Lawrence, Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 25 1955</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell out of a truck</u>				
22. I hereby certify that I attended the deceased from <u>Jan 26</u> , 1955, to <u>Feb 9</u> , 1955, that I last saw the deceased alive on <u>Feb 9</u> , 1955, and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James D. Horton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>2/10/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-55</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Mount Olive</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-11-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fossell</u> ADDRESS <u>Mt Vernon, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wm. L. Faust

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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.