No. 300
19-48

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

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8883

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 40

**1. PLACE OF DEATH**
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt (rural)
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen. Del.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miss. 067
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt (rural) 0
d. STREET ADDRESS (If rural, give location): Gen. Del.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle): Lee
c. (Last): Galloway

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 20, 1955

**5. SEX**: Male 2
**6. COLOR OR RACE**: Col.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): ——— 11
**8. DATE OF BIRTH**: Aug. 25, 1952
**9. AGE** (In years last birthday): 2 — 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): ———
**10b. KIND OF BUSINESS OR INDUSTRY**: ———
**11. BIRTHPLACE** (State or foreign country): Wyatt, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Willie Galloway
**13b. MOTHER'S MAIDEN NAME**: Alberta Penrose
**14. NAME OF HUSBAND OR WIFE**: ———

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): ———
(If yes, give war or dates of service): ———
**16. SOCIAL SECURITY NO.**: ———
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Mrs. Alberta Galloway, Wyatt, Mo.

**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) Burned to death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Home burned due to
DUE TO (c) Kerosene explosion stove

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
E9160
16

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 067
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wyatt Mississippi Missouri
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Feb. 20, 1955 6 A.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑
**21f. HOW DID INJURY OCCUR?**: House fire due to stove explosion

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Deane Shelby Coroner
**23b. ADDRESS**: East Prairie, Mo.
**23c. DATE SIGNED**: 2-2-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 23, 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): Charleston, Mo.

**DATE REC'D BY LOCAL REG.**: 2-28-55
**REGISTRAR'S SIGNATURE**: Jean Hearnes 480-7
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: F. L. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed APR 9 1955

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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 _____ Body not Embalmed _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Frank Aparlos

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.