

STANDARD CERTIFICATE OF DEATH

 State File No. **8885**

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5785</u>		Registrar's No. <u>38</u>	
I. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt (rural)</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt (rural)</u>		<u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Del.</u>				d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u>		b. (Middle) _____		c. (Last) <u>Galloway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 2, 1947</u>		9. AGE (In years last birthday) (If under 1 year: Months Days) (If under 12 mos.: Hours Min.) <u>7</u>	
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) <u>Dell, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Willie Galloway</u>			13b. MOTHER'S MAIDEN NAME <u>Alberta Penrose</u>		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 <u>Mrs. Alberta Galloway, Wyatt, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Turned to death</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Home burned due to</u>			
				DUE TO (c) <u>Personnel explosion in store</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>ET 160</u> <u>16</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>067</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wyatt Mississippi Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 20, 1955 6:00 Am.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House fire to stove explosion</u>			
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 <u>6:00 A.</u> m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Paul Shelby Corones 3</u>				23a. ADDRESS <u>East Prairie, Mo.</u>		23c. DATE SIGNED <u>2-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-28-55</u>		REGISTRAR'S SIGNATURE <u>Joan Deane 480-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 REC'D
RECEIVED
Miss. Co. Health Dept
Miss. Co. Health Dept
County File No.
Date Filed APR 9 1955

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 Sparks* _____

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.