S. No. 300
v. 10.48

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11917

BIRTH NO. 22567-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1659

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): ~~3 hrs.~~ Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): Midwest Trailer Court

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3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Eugene
c. (Last): Gallion, Jr.

4. DATE OF DEATH (Month) (Day) (Year): 4 14 55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 4-14-55
9. AGE (In years last birthday): —
If under 1 year: Months — Days —
If under 24 hrs.: Hours 2 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.: Yes

13a. FATHER'S NAME: Donald Eugene Gallion Sr.
13b. MOTHER'S MAIDEN NAME: Patsy Lou Devers
14. NAME OF HUSBAND OR WIFE: Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Infant
(If yes, give war or dates of service): Infant
16. SOCIAL SECURITY NO.: Infant
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Mrs Donald E. Gallion, Sr.
ADDRESS: Midwest Trailer Ct. Independence Missouri

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): Immature Birth
INTERVAL BETWEEN ONSET AND DEATH: 2 hr. + 10 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
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* 4-14, 1955, *to* 4-14-, 1955, *that I last saw the deceased alive on* 7:35AM 4/14, 1955, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Jack M. Davis (Degree or title): Jack M Davis MD
23b. ADDRESS: Paytown, Mo
23c. DATE SIGNED: 14 Apr 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/15/55
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 4-14-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Mellody-McGilley-Eifer-K.C. Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

I hereby certify that the body whose

.....

working under my personal supervision.

Student .....
Student Embalmer

Note: The above MUST BE SIGNED B'.
the above constitutes grounds for revocation of li.
If this body is not embalmed, fact should be

r BY LICENSED EMBALMER

the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....,

Signed Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K. C. Mo.

EMBALMER in his OWN HANDWRITING. (Failure to comply with