

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18654**
2533

FILED JUL 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 74 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH HOSPITAL		STREET ADDRESS (If rural, give location) 4333 BELLEVIEW AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) TAYLOR c. (Last) GALLOWAY			4. DATE OF DEATH (Month) (Day) (Year) JUNE - 11 - 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH JAN-10-1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MOS INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY CITY PLUMBING		11. BIRTHPLACE (City and State or Foreign Country) MONMOUTH, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME WILLIAM HENRY GALLOWAY		13b. MOTHER'S MAIDEN NAME NANCY ANN NASH		14. NAME OF HUSBAND OR WIFE MAY A. GALLOWAY			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-26-0698		17. INFORMANT'S SIGNATURE OR NAME MRS. MAY A. GALLOWAY - 4333 BELLEVIEW			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 30 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis				30 min	
		DUE TO (c) Coronary atherosclerosis				?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 _____, 1951, to 6-11, 1955, that I last saw the deceased alive on 6-11, 1955 and that death occurred at 11:15 Am., from the causes and on the date stated above.

23a. SIGNATURE William Iowe Mundy (Degree or title) M.D.		23b. ADDRESS 420 Professional Bldg.		23c. DATE SIGNED 6-11-55	
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-14-1955		24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL CEM. CHAPIN		24d. LOCATION (City, town, or county) (State) NORTH KAN. CITY Mo	
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DATE REC'D BY LOCAL REG. 6-14-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE D.H. Neocomer		ADDRESS 1331 BROWN CREEK KANSAS CITY, MO.	
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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.....
Signature of Student Embalmer

Signed.....

John B. Lewis
Licensed Embalmer No. 417

P. O. Address... K.C.M.D.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.