

FILED AUG 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22529

BIRTH NO. 45297-55 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5372 Registrar's No. 138

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 (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie		c. LENGTH OF STAY (in this place) 00	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie		14000
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			d. STREET ADDRESS (If rural, give location) Jackson County Hospital		
3. NAME OF DECEASED (Type or Print) (b) (First) Perry (c) (Last) Galloway			4. DATE OF DEATH (Month) (Day) (Year) July 28 1955		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 28, 1905	9. AGE (In years last birthday) 50	10. 1 YEAR 11. 1 DAY 12. 1 HOUR 13. 1 MIN. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Jackson Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Galloway		13b. MOTHER'S MAIDEN NAME Lona Marie Curtis		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) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS P. O. Curtis, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature death ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cesarean section DUE TO (c) Placenta previa II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 min
19a. DATE OF OPERATION 7-28-55	19b. MAJOR FINDINGS OF OPERATION Placenta Previa			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		7615	
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?			
22. I hereby certify that I attended the deceased from July 28, 1955, to July 28, 1955, that I last saw the deceased alive on 7:30 7-28-55, and that death occurred at 9:30 p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert Morrison MD			23b. ADDRESS Independence, Mo		23c. DATE SIGNED 7-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cem.	24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri		
DATE REC'D BY LOCAL REG. 7-28-1955	REGISTRAR'S SIGNATURE RB Langsford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MO. Langsford Funeral Home, Lee's Summit		

(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.....

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed