No. 300
10.48

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

FILED AUG 4 - 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25143

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 46

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: MO
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Grove, Mo.
d. STREET ADDRESS (If rural, give location): 114 D

**3. NAME OF DECEASED** (Type or Print)
a. (First): IDA
b. (Middle): M.
c. (Last): GALLUP

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 21 1955

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: MAR 12, 1878
**9. AGE** (In years last birthday): 77 — If under 1 year: Months: 4 Days: 8 — If under 24 hrs.: Hours: Min.:
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housekeeper
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): BRADFORD OHIO
**12. CITIZEN OF WHAT COUNTRY**: U.S.

**13a. FATHER'S NAME**: JACOB Miller
**13b. MOTHER'S MAIDEN NAME**: LEAH GAUBY
**14. NAME OF HUSBAND OR WIFE**: HENRY GALLUP

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: _____
**17. INFORMANT'S SIGNATURE OR NAME**: EDDIE GALLUP
ADDRESS: West Plain

**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) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Angina Pectoris — 18 mo
DUE TO (c) Chronic Myocarditis — 5 yrs

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 ☐ 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* 6-14, 1949 *to* 7-20, 1955, *that I last saw the deceased alive on* 7-20, 1955, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: W. R. Craig (Degree or title): D.O.
**23b. ADDRESS**: Mountain Grove Mo
**23c. DATE SIGNED**: 7-23-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-24-55
**24c. NAME OF CEMETERY OR CREMATORY**: CABOOL
**24d. LOCATION** (City, town, or county) (State): CABOOL, MO

DATE REC'D BY LOCAL REG.: 7-23-55
REGISTRAR'S SIGNATURE: A.G. Amer 348-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Grable-Windle
ADDRESS: Mtn Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 26 1955
WRIGHT CO. HEALTH DEPT.
County File Number 755-86
Date Filed JUL 30 1955

AUG 31 1950

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn. Grove, M

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.