

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32231

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5122 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL Rockyfork Twp</u>		c. LENGTH OF STAY (in this place) <u>83 yrs</u>	c. CITY OR TOWN <u>Hallsville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hallsville, Mo. RFD 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		* STREET ADDRESS (If rural, give location) <u>RFD 1</u> <u>0100</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leona</u>	b. (Middle) <u>Galloway</u>	c. (Last) <u>Van Court</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-7-1872</u>	9. AGE (To years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u>--</u> Min. <u>--</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Galloway</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Rouse</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Riley Van Court</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give way or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Myrtle VanCourt</u> ADDRESS <u>Hallsville</u>
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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 <u>with OUT Respiratory complications</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>Several Years</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u>	DUE TO (b) <u>Chronic hyperacidosis (Rheumatoid)</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>			

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 (Specify) <u>SUICIDE</u>	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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-28-55, 1955, to 10-29-55, 1955, that I last saw the deceased alive on 10-29-55, 1955, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Saper, D.O.</u> (Degree or title)	23b. ADDRESS <u>Centralia, Mo.</u>	23c. DATE SIGNED <u>10-31-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-1-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 1 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> <u>31</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie H. Hester</u> ADDRESS <u>Centralia, Mo.</u>
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(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.....
Signature of Student Embalmer

Signed *Bill J. Meador*

Licensed Embalmer No. *487*

P. O. Address *Centerville, Mo.*

**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.**