

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22623**

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **4542** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>Webster</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>	
b. CITY OR TOWN <b>Rogersville</b>		c. CITY OR TOWN <b>Rogersville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>126</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Effie</b>	b. (Middle) <b>Pandora</b>	c. (Last) <b>Galloway</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 19 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1875</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Webster Co, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Dave Simmerman</b>	13b. MOTHER'S MAIDEN NAME <b>Sallie Davenport</b>	14. NAME OF HUSBAND OR WIFE <b>Wally W.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Forrest Galloway</b>	ADDRESS <b>Rogersville Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-vascular-Renal Syndrome</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>442X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **5/14, 1956**, to **6/15, 1956** that I last saw the deceased alive on **6/15, 1956** and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. Frett M.D.</b>	(Degree or title)	23b. ADDRESS <b>Shoptford Mo</b>	23c. DATE SIGNED <b>6/25/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 22-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Panther Valley Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rogersville Rural Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-28-56</b>	REGISTRAR'S SIGNATURE <b>Opal M. Good</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Ferrell</b>	ADDRESS <b>Rogersville Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Wm. K. Lervell*.....

Licensed Embalmer No. *4910*.....

P. O. Address *Rogersville, 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.