

Health,  
Welfare  
Public  
Service

FILED JUL 30 1956

STANDARD CERTIFICATE OF DEATH

22924

STATE FILE NUMBER

Registration District No. **42** Primary Registration District No. **5126** Registrar's No. **788**

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Euchenen</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Plette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Crawford Twsp</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Deerborn</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 Miles SW Faucett</b>		d. STREET ADDRESS (If outside, give location) <b>0830</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Effie</b> Middle <b>Jane</b> Last <b>Galbreath</b>			4. DATE OF DEATH Month <b>July</b> Day <b>24</b> Year <b>1956</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 23, 1873</b>
9. AGE (In years last birthday) <b>83</b>	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 <b>home</b>
11. BIRTHPLACE (City and state or country) <b>DeKalb, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Thomas Garton</b>		14. MOTHER'S MAIDEN NAME <b>Belle Hickmen</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs. Berniece Faucett Faucett, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis &amp; Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Oct 1953</b> to <b>July 24-56</b> and last saw her alive on <b>7-22-56</b> Death occurred at <b>9:30 P.M.</b> from the cause stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>S. L. Durham</b>		22b. ADDRESS <b>Deerborn, Mo</b>	22c. DATE SIGNED <b>7-25-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-26-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deerborn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Deerborn, Missouri</b>
24. FUNERAL DIRECTOR <b>Vaughn-AuFranc, Deerborn, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>July 26, 1956</b>	26. REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>

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4561 67-7001

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 *W. R. Vaughn*

Licensed Embalmer No. *X02*

P. O. Address *Weston*

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.