Health, Welfare Public Service

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24793

FILED JUL 25 1956

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 256

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Elvins — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Benham Nursing Home — Length of stay in 1b: 13 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Washington
c. CITY OR TOWN: Potosi — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 517 Railroad — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Mary Middle: Galloway Last: Galloway
4. DATE OF DEATH: Month: July Day: 15 Year: 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept. 18 1876
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 9 Days 27 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Employed
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Farmington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lafayette Myers
14. MOTHER'S MAIDEN NAME: Caliniette Kincaid
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: Ned Myers Address: Herculaneum Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-Vascular Disease — 7 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443 x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June, 1947 to July 15, 1956 and last saw her alive on July 7, 1956. Death occurred at 7-20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward W. Lake (Degree or title) DO
22b. ADDRESS: Potosi, Missouri
22c. DATE SIGNED: July 18, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-17-56
23c. NAME OF CEMETERY OR CREMATORY: Potosi Masonic Cem.
23d. LOCATION (City, town, or county) (State): Potosi Mo.
24. FUNERAL DIRECTOR: Mrs. Luther Sparks ADDRESS: 7-9-5
25. DATE RECD. BY LOCAL REG.: July 18, 1956
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.