

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27640

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 290

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 causally 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 <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jasper Twonship</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hosp</u>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>10 mi NW Vandalia</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Sarah</u> <sup>First</sup> <u>Jane</u> <sup>Middle</sup> <u>Galloway</u> <sup>Last</sup>				4. DATE OF DEATH <u>Aug 9, 1956</u> <sup>Month</sup> <sup>Day</sup> <sup>Year</sup>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 16, 1864</u>		9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.
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>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Adams County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Charles Alsbury</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Barnes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Emmett Galloway, Vandalia, Missouri</u> <sup>Address</sup>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal bronchial pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 da.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Pulmonary infarction</u>		DUE TO (c)		14 da.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture dislocation right humerus. Open reduction performed 7/12/56</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>Fell at home</u>				
20c. TIME OF INJURY: Hour, Month, Day, Year a. m. p. m. <u>7/10/56</u>			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.) <u>at home</u>		20f. CITY, TOWN, OR LOCATION <u>Vandalia, Missouri</u>			COUNTY		STATE
21. I attended the deceased from <u>7/10/56</u> , to <u>8/9/56</u> and last saw <sup>her</sup> <u>him</u> alive on <u>8/9/56</u> . Death occurred at <u>5:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>G. L. Murphy</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Hannibal, Missouri</u>		22c. DATE SIGNED <u>8/20/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 11, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fern Chapel Cemetery</u>		23d. LOCATION (City, town, or county) <u>Ralls County, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>William B. Waters</u> <sup>ADDRESS</sup> <u>Vandalia, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>8-25-56</u>		26. REGISTRAR'S SIGNATURE <u>Gale M. Lucke, R. W. Fisher</u>		

RECEIVED AUG 30 1956  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 30 1956

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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 *William B. Tate*

Licensed Embalmer No. *410*

P. O. Address *Vandalia*

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