

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1957

Registrar's No. 53

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Macon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. O. H. Hospital</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Lanora</u> c. (Last) <u>Galyen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 2 1957</u>				
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>August 10 1865</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 11 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>John Lewis</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Galyen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Drake Elmer Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile myocardial degeneration</u> DUE TO (c) <u>F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left femur</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>1 year</u> <u>1-30-57</u>
19a. DATE OF OPERATION <u>1-30-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intra-aortic comminuted fracture left femur</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-30-57 10:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell from chair.</u>			
22. I hereby certify that I attended the deceased from <u>1-30-</u> , 19 <u>57</u> , to <u>2-2-</u> , 19 <u>57</u> that I last saw the deceased alive on <u>2-2-</u> , 19 <u>57</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. M. Hawes Do</u>				23b. ADDRESS <u>800 - W. Jefferson Kirksville</u>		23c. DATE SIGNED <u>no. 2-3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 3 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>		24d. LOCATION (City, town, or county) (State) <u>Elmer Macon County Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-7-1957</u>		REGISTRAR'S SIGNATURE <u>Doris W. Rattiff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. McCallum South Gifford Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1957

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. H. McCallister*

Licensed Embalmer No. 2052

P. O. Address South Gifford

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.