

FILED FEB 13 1957

STANDARD CERTIFICATE OF DEATH

2341

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 3055 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar		c. CITY OR TOWN Bolivar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in the Home		d. STREET ADDRESS (If outside, give location) 05410	
3. NAME OF DECEASED (Type or print) James Gallivan		4. DATE OF DEATH Feb. 2 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 17, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Missouri
13. FATHER'S NAME Jerry Gallivan		14. MOTHER'S MAIDEN NAME Katherine Sullivan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Albert Hutcheson, Bolivar, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) unattended by Physician DUE TO (c) ✓ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201			INTERVAL BETWEEN ONSET AND DEATH sudden
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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Bolivar COUNTY Polk STATE Mo.	
21. I buried attended the deceased on Feb. 2-1957 to Polk Co. and last saw him alive on ✓ Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Shirley Pitts (Degree or title) Colonel of 1st Polk Co.		22b. ADDRESS Bolivar, Mo.	
22c. DATE SIGNED 2-4-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 4, 1957	
23c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery		23d. LOCATION (City, town, or county) (State) Polk Co. Mo.	
24. FUNERAL DIRECTOR Pitts Funeral Home ADDRESS Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. Feb 7, 1957	
26. REGISTRAR'S SIGNATURE Ralph Garden per well			

(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Shirley J. Pitts*

Licensed Embalmer No. *419*

P. O. Address *Bolton*

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.