

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010740
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 28

300
-57

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Charleston 1672		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 Hunter St.		Length of stay in lb 2 Years	d. STREET ADDRESS (If outside, give location) 215 Hunter St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last (Neil) Cornelius John Gallagher			4. DATE OF DEATH Month Day Year 3/12/58		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/10/1900	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman		10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Cornelius Gallagher		13b. MOTHER'S MAIDEN NAME Margaret Gleason		14. NAME OF HUSBAND OR WIFE Mildred Gallagher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year no. or unknown) (If yes, give year and dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 486-16-5658	17. INFORMANT Address Mildred Gallagher, Charleston, 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) Reticulum cell carcinoma, pelvis					INTERVAL BETWEEN ONSET AND DEATH 5 months
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 10-11-57 to 3-6-58 and last saw xx him alive on 3-6-58 Death occurred at 6:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wilson Q. Ferguson, M.D. 0			22b. ADDRESS 217 S. Kingshighway Eikeston, Missouri		22c. DATE SIGNED 3-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/14/58	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. FUNERAL DIRECTOR ADDRESS The Ebenezer Funeral Chapel Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 3-27-58		26. REGISTRAR'S SIGNATURE Dorothy S. Hawthorn	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed 3-31

MAY 12 1959

MS MAY 12 1959

APR 9 1958

1958

JUN 3

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 John P. Hummel Jr

Licensed Embalmer No. 3851
P. O. Address Charleston

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.