

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022597
State File No.

FILED JUL 7 1958

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760 Registrar's No. 19

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Adams	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Fabius		c. LENGTH OF STAY (in this place) 5 Min.	c. CITY OR TOWN Quincy 8128
d. FULL NAME OF (If not in hospital or institution, give street address or location) Highway 61 Fabius Township		e. STREET ADDRESS (If rural, give location) 602 1/2 North 4th	
3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) Wilson c. (Last) Gallaher		4. DATE OF DEATH (Month) (Day) (Year) May 28 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-25-39
9. AGE (In years last birthday) 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand	11. BIRTHPLACE (City and State or Foreign Country) Quincy Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Everett Gallaher	
14. MOTHER'S MAIDEN NAME Margaret Osborne		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. SOCIAL SECURITY NO. Unknown	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushed Pelvis.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		21. INFORMANT'S SIGNATURE, OR NAME ADDRESS E. Webb Jr., Fabius, 602 1/2 N. 4th	
21a. ACCIDENT SUICIDE-HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61	
21c. (CITY, TOWN, OR TOWNSHIP) 064 (COUNTY) Marion (STATE) Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 28 58 7:15 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Driving Tractor, Tractor turned over down embankment	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:25 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Henry H. Sweet Jr. (Degree or title) M.D. Corner		23b. ADDRESS Hannibal Mo	
23c. DATE SIGNED 5/31/58		24. LOCATION (City, town, or county) (State) Quincy Illinois	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-31-58	
24c. NAME OF CEMETERY OR CREMATORY Greenmount		24d. LOCATION (City, town, or county) (State) Quincy Illinois	
DATE REC'D BY LOCAL REG. 6-3-58		REGISTRAR'S SIGNATURE By J. M. Sucke	
FURNERAL DIRECTOR'S SIGNATURE James F. Ellis		ADDRESS Quincy Ill	

RECEIVED JUL 5 1958
MARION CO. HEALTH DEPT.
DATE FILED JUL 5 1958

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 F. Ellis*
Licensed Embalmer No. *Missouri 46*
P. O. Address *Quincy, Mo.*

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.