

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024829

State File No.

FILED JUL 16 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. _____ Registrar's No. 384

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. 0090</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>RURAL, LIBERTY TWP.</u>	
c. LENGTH OF STAY (in this place) <u>2 DAYS</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>SOUTH EAST MISSOURI HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>NEAR HAHN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u> b. (Middle) <u>JANE</u> c. (Last) <u>GALLOWAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-1958</u>	
5. SEX <u>F. 1</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW 2</u>	8. DATE OF BIRTH <u>OCT. 26, 1869</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	IF UNDER 1 YEAR Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>DANIEL EAKER</u>		13b. MOTHER'S MAIDEN NAME <u>SAVANAH MOUSER</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELMER GALLOWAY</u>	
				ADDRESS <u>1205 MARGARET ST. PEKIN, ILL.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incarcerated Ventral Hernia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>6-24-58</u>		19b. MAJOR FINDINGS OF OPERATION <u>Incarcerated Ventral Hernia</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson, Mo. BOLLINGER Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-10, 1950, to 6-26, 1958, that I last saw the deceased alive on 6-26, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.F. McDonald M.D.</u>		23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>7-1-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-29-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAKER CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>BUTESVILLE, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 11, 1958</u>		REGISTRAR'S SIGNATURE <u>Mr. Homer Cooper</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

W.G.T. M. V. onald

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 *J. E. Graham*.....

Licensed Embalmer No. *4010*.....

P. O. Address *Louisville, Ky*.....

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.