Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002536
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY OR TOWN Richmond township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Ray County Hosp. — Length of stay in 1b 48 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond 0891 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 119 Chestnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HUGH; Middle; Last GALBRAITH

4. DATE OF DEATH: Month Jan. Day 21, Year 1959

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Jan. 25, 1884

9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months 11 Days 28 — IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Coal

11. BIRTHPLACE (City and state or country) Richmond, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Archie Galbraith

13b. MOTHER'S MAIDEN NAME Minnie Rippy

14. NAME OF HUSBAND OR WIFE Bessie Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 487-01-5461

17. INFORMANT Address Mrs. Hugh Galbraith, Richmond, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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) 2041

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-20-59 to 1-21-59 and last saw her/him alive on January 21, 1959
Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E E Gay M.D. (Degree or title)

22b. ADDRESS Richmond Mo.

22c. DATE SIGNED 1-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1/23/59

23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery

23d. LOCATION (City, town, or county) (State) Richmond, Missouri

24. FUNERAL DIRECTOR ADDRESS Thomas J. Carter, Richmond, Mo.

25. DATE RECD. BY LOCAL REG. 1-23-1959

26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 3 1959

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 Thomas G. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.