

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014009

STATE FILE NUMBER

FILED APR 21 1959

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 10

300  
-57

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1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elsberry</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Elsberry</b> <u>0570</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LaDelle Home</b>		Length of stay in lb <b>9 mos.</b>	d. STREET ADDRESS (If outside, give location) <b>North 5th St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Kirby Smith Galloway</b>			4. DATE OF DEATH Month Day Year <b>Mar. 21, 1959</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 18, 1867</b>
9. AGE (In years last birthday) <b>91</b>		FUNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Matthew Mark Galloway</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Ellen Bradshaw</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. J.T. Whiteside Elsberry, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH
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) <u>4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan. 10, 1946</u> to <u>Mar. 21, 1959</u> and last saw him alive on <u>Mar. 21, 1959</u> . Death occurred at <u>425</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert N. Hull, M.D.</u>		22b. ADDRESS <u>Clabery, Mo</u>	22c. DATE SIGNED <u>3/21/1959</u>
23a. BURIAL, CREMATION, REBURY (State) <u>Burial</u>	23b. DATE <u>Mar. 23, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elsberry Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Elsberry, Lincoln, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Clifton Miller Elsberry, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/20/59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintz</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... *Clifton Miller* .....

Licensed Embalmer No. *3364* .....

P. O. Address *Elshering, 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.