

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JAN - 4 1960

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 STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper Township.		Length of stay in lb 10Yrs.	c. CITY OR TOWN Rural Vandalia, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Vandalia, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jasper Township.
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) J. E. Galloway.			4. DATE OF DEATH Month Dec Day 16 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-17-63	9. AGE (last birthday) 96	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farm/	11. BIRTHPLACE (City and state or country) Ralls Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Elijah Galloway		13b. MOTHER'S MAIDEN NAME Unknown.		14. NAME OF HUSBAND OR WIFE Katte Galloway.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs John Morris, Vandalia, 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) Innition Secondary To CA OF OESOPHAGUS 2 months		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) Generalized arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	Month, Day, Year _____		

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 12/2/56 to 12/16/59 and last saw her alive on 12/16/59 Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Clyde C. Mickey M.D.	22b. ADDRESS Vandalia, Missouri.	22c. DATE SIGNED 12-18-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-59	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery.	23d. LOCATION (City, town, or county) (State) Vandalia, Mo.
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24. FUNERAL DIRECTOR Clyde C. Mickey, Perry, Mo	25. DATE RECD. BY LOCAL REG. 12-18-1959	26. REGISTRAR'S SIGNATURE Clyde C. Mickey.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Clyde Kiebas

Licensed Embalmer No. 5820

P. O. Address Pennsylvania

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.