

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013995

FILED VS APR 4 1960

Registration District No. 372 Primary Registration District No. 6264 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAZEL WOOD TOWNSHIP		c. CITY OR TOWN SEYMOUR	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) ROUTE 1	

3. NAME OF DECEASED (Type or print) First Middle Last VIRGIL GALLION			4. DATE OF DEATH Month Day Year 3-18-60			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-12-1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) OKLAHOMA		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JESS GALLION		13b. MOTHER'S MAIDEN NAME SUDDIE BLAZOR		14. NAME OF HUSBAND OR WIFE MAE GALLION	
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. 498-03-9270		17. INFORMANT Mrs. Mae Gallion Seymour, Mo. At 1	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Spontaneous Thrombosis + Myocardial Infarction DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 hour?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year 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 SEYMOUR	COUNTY	STATE
21. I attended the deceased from Dec 10-59 to 3/18/60 and last saw <sup>her</sup> <sub>him</sub> alive on 3/16/60 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J.R. Gill (Degree or title) D.O.		22b. ADDRESS Seymour		22c. DATE SIGNED 3/22/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-24-60	23c. NAME OF CEMETERY OR CREMATORY STAR Cemetery	23d. LOCATION (City, town, or county) WEBSTER Co. Mo.	

24. FUNERAL DIRECTOR Robert Bergman Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 3-25-60	26. REGISTRAR'S SIGNATURE Gilbert Jones
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 1 1960

STATEMENT BY LICENSED EMBALMER

APR 5 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

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.