

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040866

FILED VS NOV 14 1960

371

Primary Registration District No. 6262

Registrar's No. 2.0

STATE FILE NUMBER

INDEXED

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><b>Webster</b>  | a. STATE<br><b>Missouri</b>  |   | b. COUNTY<br><b>Webster</b>   |
| b. CITY (If outside corporate limits, give TOWNSHIP, only)<br><b>Rogersville</b> | Length of stay in 1b   | c. CITY OR TOWN<br><b>Rogersville</b>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Residence</b>          | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS<br><b>W. Dallas Twp.</b>  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |   |   |                           |   |
|--|----------------------------------|---|---|---|---------------------------|---|
| 3. NAME OF DECEASED (Type or print)  |                                  |   | 4. DATE OF DEATH                        |   |                           |   |
| First<br><b>Wallace</b>  | Middle<br><b>WAYREN</b>          | Last<br><b>Galloway</b>   | Month<br><b>Oct.</b>                    | Day<br><b>5</b>   | Year<br><b>1960</b>       |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>MAY 13, 1879</b> | 9. AGE (last birthday)<br><b>90</b>                         | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HR<br>Days Hours Min.           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>KANSAS</b> |                           | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b> |
| 13a. FATHER'S NAME<br><b>James Galloway</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Howell</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased.</b>             |                           |   |

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Forrest Galloway, Rogersville Mo R3</b> | Address |
|---|--|---|---------|

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:                             |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a)   | <b>Congestive Heart Failure</b>                    | <b>1 yr</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Hypertensive Cardiovascular Dis.</b> | <b>15 yr</b>  |
|   | DUE TO (c) <b>Generalized Arteriosclerosis</b>     | <b>20 yr</b>  |
| 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.                   |
| <b>Cerebral Vascular Accident</b>   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |
|--|---|--|
| 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  | 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 <b>June 1958</b> to <b>Oct 5th</b> and last saw him alive on <b>Sept 29th</b><br>Death occurred at <b>Oct 5th 1960</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |                              |        |       |

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><b>Earl D. Russell M.D.</b> | 22b. ADDRESS<br><b>Springfield Mo</b> | 22c. DATE SIGNED<br><b>10-17-60</b> |
|---|---------------------------------------|-------------------------------------|

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Oct. 8, 1960</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Parther Valley Cem.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Rogersville Rural, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>W.C. Ferrell, Rogersville Mo</b> | ADDRESS                          | 25. DATE RECD. BY LOCAL REG.<br><b>NOV. 8, 1960</b>              | 26. REGISTRAR'S SIGNATURE<br><b>Opal</b>  |

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  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

*Don J. Howell*

Licensed Embalmer No. 4847

P. O. Address Manfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.