

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

shown

STATE FILE NUMBER 465-61-013332

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 465

FILED MAY 15 1961

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		-Length of stay-in lb 2 wks.	c. CITY OR TOWN Mt. Vernon Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 609 E. Pleasant Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jesse Middle Mervin Last Gall			4. DATE OF DEATH Month May Day 8 Year 1961
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 2/1/1903
9. AGE (last birthday) 58		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) restaurateur		10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and state or country) Turney, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jesse Lee Gall	
13b. MOTHER'S MAIDEN NAME Verna Currell		14. NAME OF HUSBAND OR WIFE Ruth Gall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Ruth Gall Address Mt. Vernon, 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) heart failure DUE TO (b) Coronary Sclerosis DUE TO (c) hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) bronchial asthma, emphysema			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 checked="" 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 Month, Day, Year 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 4-21-61 to 5-4-61 and last saw her/him alive on 5-7-61 Death occurred at 5-8-61 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.F. Steinhilber (Degree or title)		22b. ADDRESS Shof Bldg Springfield, Mo	
22c. DATE SIGNED 5-10-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-10-61	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	23d. LOCATION (City, town, or county) (State) Maysville, Mo.
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 5-12-61	26. REGISTRAR'S SIGNATURE Effie S. Melton

MAY 17 1967

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 Gene E. Hunt

Licensed Embalmer No. 4789

P. O. Address Spfd. 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.