

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008074

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2269** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 2 days	c. CITY OR TOWN Ellsberry Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 723 W. Lincoln Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DAVID REID GALLOWAY			4. DATE OF DEATH Month Day Year FEBRUARY 23 1962		
5. SEX male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-24-145	9. AGE (last birthday) 16	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ellsberry, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David F. Galloway		13b. MOTHER'S MAIDEN NAME Kathryn Reid		14. NAME OF HUSBAND OR WIFE no	
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. no	17. INFORMANT Address Mr. David Galloway Ellsberry		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <i>OK'd by Paul J. ...</i> IMMEDIATE CAUSE (a) SEPTICEMIA		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
DUE TO (b) THIRD DEGREE BURNS OF 92% OF BODY SURFACE		72 HOURS
DUE TO (c) 9/6.6-40		

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Patient was at school practicing welding, was
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20c. TIME OF INJURY Hour a.m. p.m. ??	Month, Day, Year 2/20/62	wearing plastic apron which caught fire with the torch he was using
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 65 School	20f. CITY, TOWN, OR LOCATION Ellsberry	COUNTY Missouri	STATE
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21. I attended the deceased from **FEB. 20, 1962** to **FEB. 23, 1962** and last saw her/him alive on **FEB. 23, 1962**
Death occurred at **12:05 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>C. Vermillion, M.D.</i>	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 2/23/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Feb 26, '62	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	23d. LOCATION (City, town, or county) Normandy, Mo.
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24. FUNERAL DIRECTOR ADDRESS Miller Funeral Home Ellsberry, Mo.	25. DATE RECD. BY LOCAL REG. FEB 26 1962	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 *Jerry A. Davis*
Licensed Embalmer No. 5139

P. O. Address *O'Fallon, 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.