

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037799

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1061

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

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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

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in lb 2 DAYS	c. CITY OR TOWN RECTOR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1212 DODD (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle MARTIN Last GALLI			4. DATE OF DEATH Month OCTOBER Day 11 Year 1962
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 12-2-73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL LABORER	9. AGE (last birthday) 88
13a. FATHER'S NAME ANTON GALLI		13b. MOTHER'S MAIDEN NAME MARI HEINL	11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, YES unknown) (If SPAW give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN	12. CITIZEN OF WHAT COUNTRY U.S.A.
17. INFORMANT VA. HOSPITAL RECORDS POPLAR BLUFF, MO.		14. NAME OF HUSBAND OR WIFE MARY L. GALLI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALNUTRITION AND DEHYDRATION DUE TO (b) CHRONIC CHOLECYSTITIS WITH CHOLELITHIASIS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SENILITY			INTERVAL BETWEEN ONSET AND DEATH - - - - - - - -
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. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION RECTOR COUNTY STATE	
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.)	
21. VA attended the deceased from OCT 9, 1962 to OCT 11, 1962 and last saw her alive on _____ Death occurred at 7:20AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE DAVID E. MILLER M.D. Public Pathologist		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 10-11-62		22d. (Degree or title)	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-12-62	
23c. NAME OF CEMETERY OR CREMATORY Woodland Heights Cem		23d. LOCATION (City, town, or county) (State) Rector, Ark	
24. FUNERAL DIRECTOR Mitchell Funeral Home, Rector, Ark		25. DATE RECD. BY LOCAL REG. 10/20/1962	
26. REGISTRAR'S SIGNATURE Thelma Yeaman			

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.