

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032599

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 4247 Registrar's No. 161 STATE FILE NUMBER

FILED AUG 26 1963

VS 300
Rev. 4/59

1 0490
2 0490
3 2
4 0
5 1
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7 0
8 2
9 332 X
10
11
12 86-2
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper		Length of stay in: b. CITY OR TOWN Jasper Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Byer Home for Elderly		d. STREET ADDRESS (If outside, give location) North Main Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lester Middle T. Last Galwith		4. DATE OF DEATH Month August Day 9, Year 1963	
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 4-24-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Caterer		10b. KIND OF BUSINESS OR INDUSTRY Restraunt	11. BIRTHPLACE (City and state or country) Fulton, Mo.
13a. FATHER'S NAME Charles Galwith		13b. MOTHER'S MAIDEN NAME Sadie Bailey	14. NAME OF HUSBAND OR WIFE Nadine Boucher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Yes W.W.I.)		17. INFORMANT Mrs. Nadine Galwith, Kansas City, 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) Intracranial Lesion (stroke)			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A series of "little strokes"			2 years
DUE TO (c) Cerebral Softening			?
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 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 July 12, 1963 to Aug. 9, 1963 and last saw him alive on Aug. 8th, 1963 Death occurred at 5:00 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Darwin Magee D.O.		22b. ADDRESS Jasper, Mo.	
22c. DATE SIGNED 8/9/1963			
23a. BURIAL OR CREMATION: (Specify) Burial		23b. DATE 8-12-63	
23c. NAME OF CEMETERY OR CREMATORY Greenlaw Cemetery		23d. LOCATION (City, town, or county) Jasper, Mo.	
24. FUNERAL HOME OR ADDRESS Martin Selvey, Jasper, Mo.		25. DATE RECD. BY LOCAL REG. 8-10-63	
26. REGISTRAR'S SIGNATURE W. J. Clenton			

USE BLACK INK OR TYPEWRITER RIBBON

AUG 27 1963

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 George W Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.