

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017284
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 167

FILED MAY 8 1963

VS 300
Rev. 4/59

1 0941
2 0940
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4 0
5 1
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94201
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12 1-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Mo b. COUNTY St Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre | | Length of stay in 'b | c. CITY OR TOWN Leadington, Mo |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hospital. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Leadington, Mo |
| 3. NAME OF DECEASED (Type or print) First Arba Middle Felix Last Galvan | | 4. DATE OF DEATH Month April Day 17 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 June 26, 1902 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner | | 10b. KIND OF BUSINESS OR INDUSTRY Miner | 9. AGE (last birthday) 60 |
| 11. BIRTHPLACE (City and state or country) Flat River, Mo | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Felix Galvan | | 13b. MOTHER'S MAIDEN NAME Lula Courtois | 14. NAME OF HUSBAND OR WIFE Nina Galvan |
| 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. 94201 | |
| 17. INFORMANT Mrs. Nina Galvan | | Address Leadington, 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) Myocardial Infarction | | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 April 14, 1963 to April 17, 1963 and last saw ^{her} him alive on April 17, 1963 Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. L. Foster M.D. (Degree or title) | | 22b. ADDRESS Desloge, Missouri | 22c. DATE SIGNED 4-20-63 |
| 23a. BURIAL, CREMATION; REMOVAL (Specify) Burial | 23b. DATE 4-20-1963 | 23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem Park | 23d. LOCATION (City, town, or county). (State) Bonne Terre, Missouri. |
| 24. FUNERAL DIRECTOR Caldwell & Sons Flat River, Mo | | 25. DATE RECD. BY LOCAL REG. Apr. 20, 1963 | 26. REGISTRAR'S SIGNATURE Ether Redloff |

USE BLACK INK OR TYPEWRITER RIBBON

MAY 28 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

Donald Dale Caldwell

Licensed Embalmer No. 5085

P.O. Address Flat River, 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.

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