

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12906

State File No.

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 681 Registrar's No. 25

950
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Genevieve</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Rural</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Rural 0950</u>		d. STREET ADDRESS (If rural, give location) <u>near Farmington Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Farmington Mo</u>					

3. NAME OF DECEASED (Type or Print) <u>Mary Ann Galloway</u>			4. DATE OF DEATH <u>Mar 19 1953</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 29 1879</u>		9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS Hours	# UNDER 24 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>De Soto Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Douglas</u>		14. NAME OF HUSBAND OR WIFE <u>W. E. Galloway</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Thompson</u> ADDRESS <u>Farmington Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal Coronary</u>				<u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July, 1952, to March 19, 1953, that I last saw the deceased alive on Jan 20, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Geo. K. Watkins Jr.</u> (Degree or title)		23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>7-23-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 21 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Mar. 26 1953</u>		REGISTRAR'S SIGNATURE <u>Luella Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C H Cozean</u> ADDRESS <u>Farmington Mo</u>	
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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
Student Embalmer

Signed _____

C. A. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington 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 this body is not embalmed, fact should be so stated above.