

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003344

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 60

AMENDED

FILED FEB 14 1962

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>St. Francois</u>             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington, RURAL</u> Length of stay in 1b <u>10 days</u>  |  | c. CITY OR TOWN <u>Flat River</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #4</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location) <u>226 Crane St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Joshua</u> Middle <u>Gallagher</u> Last _____ |  |  | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>19</u> Year <u>1962</u> |  |  |  |
|--|--|--|---|--|--|--|

|                    |                               |   |                                 |                                  |  |  |
|--------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/13/87</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR<br>Months <u>9</u> Days <u>6</u> | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mining - retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>lead mining</u> | 11. BIRTHPLACE (City and state or country) <u>Ray Belleview, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|--|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>George Gallagher</u> | 13b. MOTHER'S MAIDEN NAME <u>Hettie Baxter</u> | 14. NAME OF HUSBAND OR WIFE <u>Maude Kermit Montgomery</u> |
|--|--|--|

|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | 16. SOCIAL SECURITY NO. <u>499-03-6319</u> | 17. INFORMANT Address <u>wife - 226 Crane St; Flat River Mo</u> |
|---|--|---|

|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Myocarditis</u>   |  | <u>1 yr.</u>                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | <u>1 yr.</u>                     |
|  | 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.<br><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 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 Jan. 18, 1962 to Jan. 19, 1962 and last saw xxx him live on Jan. 19, 1962  
Death occurred at 6:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                                 |
|---|---|---------------------------------|
| 22a. SIGNATURE (Degree or title) <u>William Ford M.D.</u> | 22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u> | 22c. DATE SIGNED <u>1-20-62</u> |
|---|---|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>Jan. 21, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | 23d. LOCATION (City, town, or county) (State) <u>Leadinton Mo.</u> |
|---|--------------------------------|--|--|

|  |  |  |
|--|--|--|
| 24. FUNERAL DIRECTOR ADDRESS <u>Alvin W. Hood, Flat River, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Jan 20, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> |
|--|--|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 19 1962

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

*Alvin W. Hood*

Licensed Embalmer No. 2780

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.