No. 300
10.48

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

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29667

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 6289 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Randolph Road Rural
c. LENGTH OF STAY (in this place): 36 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mills Con't Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gashland
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): A.
c. (Last): Gallaway

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single Never
8. DATE OF BIRTH: Feb. 26, 1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months x, Days x; IF UNDER 24 HRS.: Hours x, Min. x

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookeeper
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Jefferson Co. Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Gallaway
13b. MOTHER'S MAIDEN NAME: Ida Lindsey
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss Bssie Gallaway Gashland Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio-pneumonia — 3 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Sen. Arteriosclerosis — 10 years
DUE TO (c) Confining.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility — 4 50 D

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1949, to Sept 28, 1949, that I last saw the deceased alive on Sept 24, 1949, and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Milton Tenglum MD
23b. ADDRESS (Degree or title): 10 Kansas City Mo
23c. DATE SIGNED: 9-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 29, 1949
24c. NAME OF CEMETERY OR CREMATORY: Topeka Cemetery
24d. LOCATION (City, town, or county) (State): Topeka Kansas

DATE REC'D BY LOCAL REG.: Sep 29-1949
REGISTRAR'S SIGNATURE: Beulah Kitchen 63
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Morton-Smith's F.H. North K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 3

District Health Officer No. 8,

District File Number.....

Date Filed 10-3-49

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 Theron D Smith

Licensed Embalmer No. 3928

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.