

FILED NOV 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38358**

BIRTH NO. _____ REG. DIST. NO. **293** PRIMARY REG. DIST. NO. **4443** Registrar's No. **41**

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
c. LENGTH OF STAY (in this place) 18 years		88	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION E. Elm Street /		d. STREET ADDRESS (If rural, give location) E. Elm Street	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Galegor			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 1-25-1889			9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) distributor of Road Machinery			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chanute, Kansas /
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George William Galegor		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Jewell Anderson Galegor	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jewell Galegor; Huntsville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis			D.K.
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4221

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 10, 1947**, to **Nov 17, 1949**, that I last saw the deceased alive on **Nov 17, 1949**, and that death occurred at **8 15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Dreyer M.D.		23b. ADDRESS Huntsville Mo		23c. DATE SIGNED 11/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-20-1949		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	
				24d. LOCATION (City, town, or county) (State) Huntsville, Missouri	

DATE REC'D BY LOCAL REG. 11-19-49		REGISTRAR'S SIGNATURE Wm. A. Barnhart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville Mo	
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JAN 4 1950

RECEIVED NOV 22 1949
District Health Officer No. 10
District File Number 11-49-19-
Date Filed NOV 22 1949

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, Ala

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.