

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1949

State File No. 38735

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10091

|                                                                                                 |  |                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Kansas</b><br>b. COUNTY <b>Johns on</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gardner</b>                                                  |  |
| c. LENGTH OF STAY (In this place)                                                               |  | d. STREET ADDRESS (If rural, give location) <b>NR. Rural</b>                                                                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>                            |  |                                                                                                                                              |  |

|                                                                                           |                               |                                                        |                                                                  |                                           |                                          |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------|------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)                                                    |                               |                                                        | 4. DATE OF DEATH<br>(Month) (Day) (Year)                         |                                           |                                          |
| a. (First) <b>Thomas</b>                                                                  | b. (Middle) <b>B.</b>         | c. (Last) <b>Gallanaugh</b>                            | <b>Nov. 22, 1949</b>                                             |                                           |                                          |
| 5. SEX <b>Male</b>                                                                        | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <b>Aug. 15, 1890</b>                            | 9. AGE (In years last birthday) <b>59</b> | IF UNDER 1 YEAR Months                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) |                               | 10b. KIND OF BUSINESS OR INDUSTRY                      | 11. BIRTHPLACE (State or foreign country) <b>Gardner, Kansas</b> |                                           | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b> |

|                                                                              |                                                |                                                                                |
|------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|
| 13a. FATHER'S NAME <b>William Gallanaugh</b>                                 | 13b. MOTHER'S MAIDEN NAME <b>Ellen Griffin</b> | 14. NAME OF HUSBAND OR WIFE                                                    |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>Unknown</b>         | 17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Gallanaugh, Gardner, Kansas</b> |

|                                                                                                                                               |  |                                                                                                 |  |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)                                                                     |  | MEDICAL CERTIFICATION                                                                           |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)                                                                                        |  | DUE TO (b) <b>Pulmonary Edema</b>                                                               |  |                                  |
| ANTECEDENT CAUSES                                                                                                                             |  | DUE TO (c) <b>Cardiac Hypertrophy</b>                                                           |  |                                  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>95c.</b>                      |
| 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? <b>H3 H3</b>                                          |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **830A** m., from the causes and on the date stated above.

|                                                                      |                                  |                                    |
|----------------------------------------------------------------------|----------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>    | 23b. ADDRESS <b>3 1300 Clark</b> | 23c. DATE SIGNED <b>11/23/49</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>             | 24b. DATE <b>11-22-49</b>        | 24c. NAME OF CEMETERY OR CREMATORY |
| 24d. LOCATION (City, town, or county) (State) <b>Gardner, Kansas</b> |                                  |                                    |

|                                             |                                         |                                                         |                                      |
|---------------------------------------------|-----------------------------------------|---------------------------------------------------------|--------------------------------------|
| DATE REC'D BY LOCAL REG. <b>NOV 23 1949</b> | REGISTRAR'S SIGNATURE <b>B. Lasater</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> | ADDRESS <b>4700 Washington Blvd.</b> |
|---------------------------------------------|-----------------------------------------|---------------------------------------------------------|--------------------------------------|

**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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.