

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 803

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		b. COUNTY CHEROKEE	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HALLOWELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) H. c. (Last) GALLOUPE			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 24, 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	
8. DATE OF BIRTH OCTOBER 13, 1894		9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (State or foreign country) SCAMMON, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME HARIAN GALLOUPE		13b. MOTHER'S MAIDEN NAME LILLIAN CAMPBELL		14. NAME OF HUSBAND OR WIFE FAYE GALLOUPE	
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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) yes WORLD WAR ONE		16. SOCIAL SECURITY NO. 513-07-538		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, SPRINGFIELD, MISSOURI	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOSIS, PULMONARY, BILATERAL, FAR ADVANCED. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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. 22, 1949, to Jan. 24, 1950, and that death occurred at 3:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> CHIEF		23b. ADDRESS VA HOSPITAL, SPRINGFIELD, MISSOURI		23c. DATE SIGNED 1-24-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-25-50		24c. NAME OF CEMETERY OR CREMATORY Dowers	
24d. LOCATION (City, town, or county) (State) Greene Kansas					

DATE REC'D BY LOCAL REG. 1-25-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
				ADDRESS	

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

**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.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, Ill.

**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.