

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2175
Registrar's No. 1

0920

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

BIRTH NO.		REG. DIST. NO. 305		PRIMARY REG. DIST. NO. 4452		Registrar's No. 1			
1. PLACE OF DEATH Home Weitzville Mo a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weitzville Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weitzville Mo		0920			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If street, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Jennings c. (Last) Galloway			4. DATE OF DEATH (Month) (Day) (Year) 1 - 2 - 1950						
5. SEX Male		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec-25-1899			
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Weitzville Mo			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Galloway		13b. MOTHER'S MAIDEN NAME Feebe Coates		14. NAME OF HUSBAND OR WIFE Susie Galloway			
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 Susie Galloway Weitzville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia ANTECEDENT CAUSES DUE TO (b) Nephrosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 Hrs. 3 MO. 446 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct. 1949, to Jan 1950, that I last saw the deceased alive on 12/31, 1949, and that death occurred at 2:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H.C. Mc Murray M.D.				23b. ADDRESS Weitzville, Mo.		23c. DATE SIGNED 1/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 5-1950		24c. NAME OF CEMETERY OR CREMATORY Hope Wedd Cemetery		24d. LOCATION (City, town, or county) (State) South of Weitzville Mo			
DATE REC'D BY LOCAL REG. Jan 14 1950		REGISTRAR'S SIGNATURE [Signature]		408		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 408 [Address] Weitzville Mo.			

District File Number
District Health Officer No. 8
RECEIVED JAN 17 1950

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 Me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Leon R. Remelkus

Licensed Embalmer No. 4283

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.