

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9165**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569** Registrar's No. **85**

04680

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

1. PLACE OF DEATH a. COUNTY Jackson, Brooking		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence, Rural		c. CITY (If outside corporate limits, write RURAL and give township) Independence, Rural, Brooking	
c. LENGTH OF STAY (If in this place) 27 yrs.		d. STREET ADDRESS (If rural, give location) 4700 Byram's Ford Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4700 Byram's Ford Road		d. STREET ADDRESS 4700 Byram's Ford Road	
3. NAME OF DECEASED (Type or Print)	a. (First) Harriet	b. (Middle) E.	c. (Last) GALISTEL
4. DATE OF DEATH (Month) (Day) (Year)	March 1, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 3, 1917
9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gorin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Forrest M. Sharts	13b. MOTHER'S MAIDEN NAME Lottie E. Burr	14. NAME OF HUSBAND OR WIFE Wilmot C. Galistel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME W. C. Galistel, 4700 Byram's Ford Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Hanging		INTERVAL BETWEEN ONSET AND DEATH	
*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? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4700 Byram's Ford Rd	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Co Mo	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE W. C. Galistel	(Degree or title)	23b. ADDRESS 3447 Prospect, K. C. Mo	23c. DATE SIGNED 3-2-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-4-50	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. Mar. 3-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.

MAR 13 RECD

MAY 26 1950

MAY 5 1958

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 Max H. Kirkendall

Licensed Embalmer No. 46321

P. O. Address A. C. 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.