

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12190
Registrar's No. 144

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5160</u>		Registrar's No. <u>144</u>		
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CALWOOD</u>		c. LENGTH OF STAY (In this place) <u>10 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CALWOOD</u>		d. STREET ADDRESS (If rural, give location) <u>A.R.#1 FULTON</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A.R.#1 FULTON</u>								
3. NAME OF DECEASED a. (First) <u>BETTY</u> (Type or Print)			b. (Middle) <u>GALWITH</u>		c. (Last) <u>NEWLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 8, 1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Geary Galwith</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Newland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>D.H.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Newland, A.R.#1 Fulton Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo 4-27-50</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Pneumonic Heart Disease</u>		<u>4 yrs</u>		
				DUE TO (c) <u>Mitral Stenosis</u>		<u>Same</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>476x</u>		
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1946</u> to <u>4-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-20</u> , 19 <u>50</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Colin J. Brown MD</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>4-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/29/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>old ambassa</u>		24d. LOCATION (County) (State) <u>callaway Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 29-1950</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		4261		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maupin Funeral Home, Fulton Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,

MAY 2 1950

RECEIVED

APR 5 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Md.

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.