

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17917

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 306D Registrar's No. 200

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON MO 1941	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 W. LIBERTY		d. STREET ADDRESS (If rural, give location) 325 W. LIBERTY 0	

3. NAME OF DECEASED (Type or Print) EMMA SUSANNA GALL			4. DATE OF DEATH (Month) (Day) (Year) JUNE 3, 1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 25 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR (Months) 3	IF UNDER 14 HRS. (Days) 8
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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) 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM WOOD	13b. MOTHER'S MAIDEN NAME SUSANNA EVANS	14. NAME OF HUSBAND OR WIFE JOHN GALL
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN GALL	ADDRESS FARMINGTON MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mediastinal tumor.		2 yrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		165X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None.	20. AUTOPSY? <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1, 1948**, to **6-3**, 1950, that I last saw the deceased alive on **6-3**, 1950, and that death occurred at **4 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Geo. L. Walters, M.D.	(Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED June 5, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 5, 1950	24c. NAME OF CEMETERY OR CREMATORY PARK VIEW	24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.
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DATE REC'D BY LOCAL REG. June 6, 1950	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE 0	ADDRESS Farmington, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

0941

650-785

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 *C. Cozear*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.