

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27447

587

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

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 234			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).					
a. COUNTY <u>Linn</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Linn</u>		b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		0587			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>326 Hunt</u>				d. STREET ADDRESS (If rural, give location) <u>326 Hunt</u>					
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			
a. (First) <u>KATHERINE</u>		b. (Middle) <u>—</u>		c. (Last) <u>GALL</u>		Date of Death <u>Sept-5-1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov-27-1872</u>			
9. AGE (In years last birthday) <u>77</u>		10. 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>—</u>		11. BIRTHPLACE (State or foreign country) <u>Vienna Austria</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Carl Oberman</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Michael Gall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>(No)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blude Binney Binney</u>		ADDRESS <u>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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>				II. OTHER SIGNIFICANT CONDITIONS				4 mo.	
ANTECEDENT CAUSES				DUE TO (b) <u>Hypertensive Heart Disease</u>				4 mo.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Thrombosis of Right Ventricle</u>				4 mo.	
Conditions contributing to the death but not related to the disease or condition causing death.				Tubal Artery				443X	
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)		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 <u>Sept 2, 1950</u> to <u>Sept 5, 1950</u> , that I last saw the deceased alive on <u>Sept 2, 1950</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Roy P. Haley</u>				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>9-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>Sept-7-1950</u>		<u>New Boston Cem.</u>		<u>New Boston Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-9-50</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Funeral Home</u>		ADDRESS <u>Brookfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1950

Date Received:

DISTRICT HEALTH OFFICE #

District File Number 9-50-

Date Filed: SEP 12 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. B. Blacklock*.....

Licensed Embalmer No. *2246*.....

P. O. Address *Brookfield 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.