

0841

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

BIRTH NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 3055		Registrar No. 153	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		0841	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1806 East Locust</u>				d. STREET ADDRESS (If rural, give location) <u>1806 East Locust</u>			
3. NAME OF DECEASED a. (First) <u>Anna</u> b. (Middle) <u>Roberta</u> c. (Last) <u>Galdaberry</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>16</u> Year <u>1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 27 1869</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Albert</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>J. M. Galdaberry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roscoe Galdaberry Halfway, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Congestive Heart Failure</u>					INTERNAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES						
	DUE TO (b) <u>Myocarditis</u>						
	DUE TO (c) <u>Arteriosclerosis & Diabetes</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>260X</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) <u>Nov 16 1950 6:30 p.m.</u>		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>June 1950</u> to <u>Nov. 16, 1950</u> , that I last saw the deceased alive on <u>11-16, 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>M. H. Gumbay, D.O.</u>				23b. ADDRESS <u>Bolivar Mo.</u>		23c. DATE SIGNED <u>11-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Halfway Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 25, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. Blue</u>		ADDRESS <u>Bolivar Mo</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 29 1950

Dist. File 1250-2393

Date Filed 12-5-50

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar 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.