

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39940

FILED DEC 27 1950

BIRTH MO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 472

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 15 yr	
d. FULL NAME OF HOSPITAL OR INSTITUTION 633 Don		d. STREET ADDRESS (If rural, give location) 633 Don	

3. NAME OF DECEASED (Type or Print) a. (First) Mary Elizabeth b. (Middle) Gallamore c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 8 Days 25	IF UNDER 4 HRS. Hours Min.
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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) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Craft	13b. MOTHER'S MAIDEN NAME Mahaley Black	14. NAME OF HUSBAND OR WIFE James P. Gallamore
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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.	17. INFORMANT'S SIGNATURE OR NAME James P. Gallamore, Poplar Bluff Mo.	ADDRESS
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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 157X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute myocardial infarction</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Precedence to him</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	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 2-5-1950, to 12-12-1950, that I last saw the deceased alive on 2-2-1950, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm. H. Johnson</i> MD	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/14/50	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. Dec 14 1950	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>	428	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

DEC 20 1950

BUTLER CO. HEALTH CENTER

FILE No. 1250-503

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 _____

Joseph R. Matlock

Student Embalmer No. 375

working under my personal supervision.

Student

Joseph R. Matlock
Student Embalmer

Signed

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address: Poplar Bluff, 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.