

FILED JAN 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 109

BIRTH NO. REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5090 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Prairie		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Prairie	
c. LENGTH OF STAY (In this place) 43 yrs.		d. STREET ADDRESS (If rural, give location) R. F. D. Rockville	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. Rockville			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Herman c. (Last) Gallup			4. DATE OF DEATH (Month) (Day) (Year) 1-13-1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-18-1862		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Wisconsin	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Andrew Gallup		13b. MOTHER'S MAIDEN NAME Emily Clay		14. NAME OF HUSBAND OR WIFE Ida Gallup	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ida Gallup ADDRESS R.F.D. Rockville, Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 44 X	
		ANTECEDENT CAUSES Morbid 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.			

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?	
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22. I hereby certify that I attended the deceased from **Jan 1950**, to **Jan 13, 1951**, that I last saw the deceased alive on **Jan 13, 1951**, and that death occurred at **1:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Type or title) Dr. Charles W. Allen M.D. R.F.D. Rockville, Mo.		23b. ADDRESS R.F.D. Rockville, Mo.		23c. DATE SIGNED Jan 15 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-16-51		24c. NAME OF CEMETERY OR CREMATORY Pappensville Cemetery	
				24d. LOCATION (City, town, or county) (State) Bates Co., Missouri	

DATE REC'D BY LOCAL REG. Jan 15 1951		REGISTRAR'S SIGNATURE Mrs. Edna Douglas		25. FUNERAL DIRECTOR'S SIGNATURE John S. Underwood ADDRESS Butler, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-17-51

DISTRICT NO. 14
District No. 14

Date Filed 1-12-51

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 Robert G. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.