

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2124

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>	c. LENGTH OF STAY (in this place) <u>15 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA 0821</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>509 KENTUCKY</u>	

3. NAME OF DECEASED (Type or Print.)	a. (First) <u>SAM</u>	b. (Middle) <u>—</u>	c. (Last) <u>GALLOWAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 6, 1951</u>
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5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 5, 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUMBERJACK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TIMBER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ANDY GALLOWAY</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy WILLIS</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.E. Weeks, Louisiana, Mo.</u>	ADDRESS <u>—</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Tuberculosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SOLE TO (c) Pulmonary &amp; Renal</u>		

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)	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 7-9, 1949, to 1-6, 1951, that I last saw the deceased alive on 1-6, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. N. Lewellen M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana Mo.</u>	23c. DATE SIGNED <u>1/7/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Overview Cemetery Louisiana, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>—</u>
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DATE REC'D BY LOCAL REG. <u>Jan 8, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier 374</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Halcy Mortuary, Louisiana, Mo.</u>	ADDRESS <u>—</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 1 2 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-135  
Date Filed: JAN 2 4 1951

**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 \_\_\_\_\_

*George M. Collier*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.