

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22217

State File No. _____
Registrar's No. 328

FILED AUG 9 1951

BIRTH NO. 20740-51 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

124
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 308 E Neat	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print) Larry Dale Gallamore			4. DATE OF DEATH (Month) (Day) (Year) 8-1-51		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH 3-19-51		9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months 7 Days		IF UNDER 12 HRS. Hours 0 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Eddie Gallamore			13b. MOTHER'S MAIDEN NAME Virginia Barriner			14. NAME OF HUSBAND OR WIFE		
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Eddie 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, ashenia, 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) Hypertension - terminal		DUE TO (b) Convulsion Cause not determined.						12 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) determined.						7888'	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Collapsed blood vessels left lower chest.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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 Apr 19, 1951, to Aug 1, 1951, that I last saw the deceased alive on 1 Aug, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Johnson		(Degree or title) MD		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 4 Aug 51	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-3-51		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
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DATE REC'D BY LOCAL REG. Aug 4-1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch		ADDRESS Poplar Bluff Mo.	
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RECEIVED

AUG 8 1951
BUTLER CO. HEALTH CENTER
FILE No 851-358

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 Wallace N. Fitch.....

Licensed Embalmer No. 3559.....

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.