

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23033**
2836

FILED AUG 4 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) About 45 yrs		d. STREET ADDRESS (If rural, give location) 1715 Lydia Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle)	c. (Last) GALBRAITH	4. DATE OF DEATH (Month) (Day) (Year) JUNE 26 1951
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 17, 1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAR TENDER	10b. KIND OF BUSINESS OR INDUSTRY GREEN DUCK TAVERN	11. BIRTHPLACE (State or foreign country) LEXINGTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME JOHN GALBRAITH	13b. MOTHER'S MAIDEN NAME FLORENCE	14. NAME OF HUSBAND OR WIFE Elizabeth Galbraith
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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) W. W. 1	16. SOCIAL SECURITY NO. 496-07-2086	17. INFORMANT'S SIGNATURE OR NAME ELEANOR WALKER	ADDRESS 1715 Lydia Avenue
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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 4 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION & EDEMA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UNDETERMINED CAUSE DUE TO (c) POSSIBLE CORONARY OCCLUSION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. POSSIBLE CEREBROVASCULAR ACCIDENT			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-25, 1951, to 6-26, 1951, that I last saw the deceased alive on 6-26, 1951, and that death occurred at 7:38A m., from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis	(Degree or title) MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 6-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-5-51	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Mason	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 7-5-51	REGISTRAR'S SIGNATURE Seraldine Holmes	GENERAL DIRECTOR'S SIGNATURE Stirling Ellis	ADDRESS 1212 Paul
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

E. Sterling Bells

Signed.....

Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St*

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.