

FILEDOCT 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33522
4378

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4400 St. John</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Celia</u> b. (Middle) <u>M.</u> c. (Last) <u>Dewoody</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>15</u> <u>51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>January 17, 1878</u>		9. AGE (In years last birthday) <u>73 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James A. Galbrath</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Fields</u>		14. NAME OF HUSBAND OR WIFE <u>George</u>		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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William H. Galbreath</u>		ADDRESS <u>3143 Cleveland</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
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. <u>Pyelonephritis bilateral</u>		42 ⁰⁰	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 4, 1951, to Oct. 15, 1951, that I last saw the deceased alive on Oct. 15, 1951, and that death occurred at 6:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title)		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>10-15-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Removal 4 Oct 16, 1951</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>Stubbs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove Mo.</u>	
DATE REC'D BY LOCAL REG <u>10-15-51</u>		REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman + Son, Inc.</u>		ADDRESS <u>K. C., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

A. Bennett

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 *Bert B. Bennett*

Signed.....
Student Embalmer

Licensed Embalmer No. *4656*

P. O. Address *Haines City, 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.