

STANDARD CERTIFICATE OF DEATH

State File No.

37923

FILED DEC 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4238</u>		Registrar's No. <u>74</u>		
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>KNOX</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>EDINA</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - LIBERTY TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>052</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GIBSON HOSPITAL</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>WHITE</u> c. (Last) <u>GALBRECHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 30 1951</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 22, 1859</u>		9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KNOX COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PATRIC WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>BASHADÉE DULAN</u>		14. NAME OF HUSBAND OR WIFE <u>CARL W. GALBRECHT</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>X Geneva White</u>				ADDRESS
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>					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?				
22. I hereby certify that I attended the deceased from <u>May 1949</u> , to <u>Nov 30, 1951</u> , that I last saw the deceased alive on <u>Nov 30, 1951</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Genevieve D</u> (Degree or title)				23b. ADDRESS <u>Edina Mo</u>		23c. DATE SIGNED <u>12/1/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S NEW CATHOLIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EDINA MO.</u>		
DATE REC'D BY LOCAL REG. <u>Dec-3-51</u>		REGISTRAR'S SIGNATURE <u>Nell S. Hundt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Krieghauser</u>		ADDRESS <u>Edina Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0520

Date Received: DEC 8
DISTRICT HEALTH OFFICE #
District File Number 12-51-2
Date Filed: DEC 11 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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *Paul C. Kriegshauser*

Licensed Embalmer No. *4085*

P. O. Address *Edina, Minn.*

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.