

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

347

State File No. ....

FILED FEB 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 107

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington twp</u>		c. LENGTH OF STAY (In this place) <u>18 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington Twp.</u>		0110
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. #2, St. Joseph</u>			d. STREET ADDRESS (If rural, give location) <u>R. R. #2, St. Joseph</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle) <u>RALPH</u>	c. (Last) <u>GALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 20, 1913</u>	9. AGE (In years last birthday) <u>38</u>	10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 1 RES. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman - Swift &amp; Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packers</u>	11. BIRTHPLACE (State or foreign country) <u>Gentry County, King City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Samuel L. Gall Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Troxel</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Mae Gall</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. <u>496-03-0955</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Gall,</u>		ADDRESS <u>St. Joseph, Mo.</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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted gun shot Wound in head.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <u>Man shot himself with a 22 Caliber rifle in</u>			E 976X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>The head through the inner Canthus of right eye</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>In his Car</u>	21c. CITY OR TOWNSHIP (COUNTY) (STATE) <u>Washington Buchanan MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 25 1952 4:30m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>22 gauge Caliber rifle</u>			
22. I hereby certify that I attended the deceased from <u>1/25, 1952</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H F Mundy MD, Coroner</u>			23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>1/25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 27, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>King City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 29, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cas...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blaney Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>		

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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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.