

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3871

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived, III-Institutions residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give OR (township) TOWN <u>4 mi E. of Bolckow</u>		c. CITY (If outside corporate limits, write RURAL and give OR (township) TOWN <u>4 mi E. of Bolckow</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>Wilber</u> c. (Last) <u>Galbreath</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 3 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>March 21, 1870</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PARKER MO</u>	
13a. FATHER'S NAME <u>Samuel Galbreath</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Beale</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Olie Craig Bolckow MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>Coronary sclerosis</u>			<u>constant</u>
DUE TO (c) <u>Old Coronary occlusion</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Coronary occlusion</u>					<u>18 mo.</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)	
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?	

22. I hereby certify that I attended the deceased from 9-8, 1950, to 1-30, 1952, that I last saw the deceased alive on 1-30, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lilbert B. Kelley MD</u>		23b. ADDRESS <u>Savannah Mo</u>		23c. DATE SIGNED <u>3-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walrus Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Andrew Co MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-7-52</u>		REGISTRAR'S SIGNATURE <u>Lillian Spink</u>			

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

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FILED MAR 11 1952

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sacramento

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.