No. 300
10.48

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

Boegan

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8729

FILED MAR 25 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 130

495
0

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 1 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baxter Spgs. 8150
d. STREET ADDRESS (If rural, give location): 504 Washington

3. NAME OF DECEASED (Type or Print) a. (First): Morgan b. (Middle): W c. (Last): Galyon
4. DATE OF DEATH (Month) (Day) (Year): 3-15-52
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-10-1907
9. AGE (In years last birthday): 45 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transit Co
10b. KIND OF BUSINESS OR INDUSTRY: Checker.
11. BIRTHPLACE (State or foreign country): Joplin Mo. 0
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Charles W Galyon
13b. MOTHER'S MAIDEN NAME: Della M Wendale
14. NAME OF HUSBAND OR WIFE: Mildred Galyon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~(Yes)~~
16. SOCIAL SECURITY NO.: 440-05-8852
17. INFORMANT'S SIGNATURE OR NAME: Mildred Galyon ADDRESS: Baxter Spgs Kas.

MEDICAL CERTIFICATION

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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

(b) Phlebothrombosis Rt Leg — ?
DUE TO (c) Operation for Intestional Obstruction — 5 days
Regional enteritis
DUE TO (d)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-10-52
19b. MAJOR FINDINGS OF OPERATION: Regional Enteritis - Intestional Obstruction
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5720

22. *I hereby certify that I attended the deceased from _____, 19__, to 3-15, 1952, that I last saw the deceased alive on 3-15, 1952, and that death occurred at 8 55 A m., from the causes and on the date stated above.*

23a. SIGNATURE: V Dale Algeier (Degree or title) MD
23b. ADDRESS: Baxter Springs Kansas
23c. DATE SIGNED: 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-15-52
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Galena Kans
DATE REC'D BY LOCAL REG.: 8-20-52
REGISTRAR'S SIGNATURE: 138 Ed D. Lamer by Dorothy Lamphere
25. FUNERAL DIRECTOR'S SIGNATURE: Lance Were ADDRESS: Baxter Spgs Kas.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-24-52
Jasper County Health Office

County File Number 52/3/234
Date Filed 3-24-52

OCT 27 1953

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 Wene Funeral Home, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed J Lance Wene

Licensed Embalmer No. 2880 mo

P. O. Address Baxter Springs Kan

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.