

FILED JUL 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25360

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4426</u>		Registrar's No. <u>82</u>		
1. PLACE OF DEATH a. COUNTY <u>Polk</u> <u>0840</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> <u>0840</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Play</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fair Play</u> <u>0</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethan</u> b. (Middle) <u>A.</u> c. (Last) <u>Galyan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>24</u> <u>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>Jan. 2 1883</u>		
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Polk County, Mo.</u>		
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.F. Galyan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Galyan</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>493-14-1863</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Annie Galyan</u> ADDRESS <u>Fair Play, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Rheumatic Background</u> 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>Probable Cerebral Vascular Disease</u> <u>At Hemiplegia</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>415 X</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)		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>April 27, 1952</u> , to <u>May 24, 1952</u> , that I last saw the deceased alive on <u>May 23, 1952</u> , and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Fair Play, Mo.</u>		23c. DATE SIGNED <u>5/27/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 26 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lindley Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Bear Creek, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell B. Barker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barker - Erwin - Blee</u> ADDRESS <u>Fair Play, Mo.</u>				

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

(Licensed Embalmer's Stamp on Reverse Side)

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

Richard B. Erwin

Licensed Embalmer No. *3092*

P. O. Address *Bellevue, 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.