S. No. 300
v. 10.

AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27662

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 118

Trans 362 0

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 8 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0360
d. STREET ADDRESS (If rural, give location): RR#1 West Washington 0

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle):
c. (Last): GALL

4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 23 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 0 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John D. Morris
13b. MOTHER'S MAIDEN NAME: Lora Jefferies
14. NAME OF HUSBAND OR WIFE: Glen Gall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Glen Gall — ADDRESS: RR#4 West Washington Mo.

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) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation and congestive failure — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Diabetes Mellitus — 10 years
Chronic nephritis — 10-12 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation
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?

22. *I hereby certify that I attended the deceased from* Jan, 1942 *to* 8/11/, 1952, *that I last saw the deceased alive on* 8/11/, 1952 *and that death occurred at* 4:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. P. Eisenmann M.D.
23b. ADDRESS: New Haven, Mo.
23c. DATE SIGNED: 8/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-1952
24c. NAME OF CEMETERY OR CREMATORY: Newport Cemetery
24d. LOCATION (City, town, or county) (State): Washington 4 mile West Missouri

DATE REC'D BY LOCAL REG.: Aug. 13, 1952
REGISTRAR'S SIGNATURE: F. C. Huelman by L. C. Huelman 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Victor A. F. H. by M. Willenbrink
ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington Mass

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.