

31623

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4041

No. 300
10.48

FILED SEP 27 1952
50705

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			d. STREET ADDRESS (If rural, give location) 3336 DRURY		

3588

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) DONALD c. (Last) GALBREATH			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 2, 1952		
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED (?)	8. DATE OF BIRTH AUGUST 8, 1952		9. AGE (In years last birthday) 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME EDWARD GALBREATH	13b. MOTHER'S MAIDEN NAME MINNIE HARVEY	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME EDWARD GALBREATH	ADDRESS 3336 DRURY KANSAS CITY
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) IMMATURITY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREMATUREITY DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7/16
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19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from AUGUST 8, 19 52, to SEPT. 2, 19 52, that I last saw the deceased alive on SEPT. 2, 19 52, and that death occurred at 9:00 A., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title)	23b. ADDRESS 600 E. 22ND. STREET	23c. DATE SIGNED 9/8/52
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24a. BURIAL CRYPT OR TOMB REMOVAL (Specify)	24b. DATE 9-10-52	24c. NAME OF CEMETERY OR CREMATORY Leeds	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 9-13-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. A. ... MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Anna Robinson

Licensed Embalmer No. *3689*

P. O. Address *K @ 7MO*

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.