

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35484

State File No.

LED OCT 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>141</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>57 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		<u>0512</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 703 S. Holden St.</u>				d. STREET ADDRESS (If rural, give location) <u>703, S. Holden St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mackie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Galloway.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1952.</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3, Jan. 1895</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Edward Bruch.</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Neimuller.</u>		14. NAME OF HUSBAND OR WIFE <u>Spencer Galloway.</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Spencer Galloway. Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR COMPLICATION DIRECTLY LEADING TO DEATH* (a) <u>Cystodina Carcinoma of Uterus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION <u>6-7-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic growths over entire abd.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>175X</u>			
22. I hereby certify that I attended the deceased from <u>6-7-52</u> , 19 <u>52</u> to <u>10-16-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-1-52</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. F. McKenney MD</u> (Degree or title)				23b. ADDRESS <u>Warrensburg MO</u>		23c. DATE SIGNED <u>10-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>18, Oct. 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg. MO.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Savannah Phillips</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>		ADDRESS <u>Warrensburg, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

512

RECEIVED
OCT 21 1952
JOHNSON COUNTY HEALTH DEPT.

NOV 13 1962

JAN 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed P. R. Phillips.

Licensed Embalmer No. 2320.

P. O. Address Warrensburg, 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.