

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41976

State File No.

No. 300
10-48

DECEASED DEC 29 1952

Registrar's No. 95-

| | | | | | | | |
|---|---|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>120</u> | | PRIMARY REG. DIST. NO. <u>4198</u> | | Registrar's No. <u>95-</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u> | | c. LENGTH OF STAY (In this place) <u>10 Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u> | | 0310 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> | | | b. (Middle) <u>W.</u> | | c. (Last) <u>Galbreath</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 52</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 19, 1871</u> | | 9. AGE (In years last birthday) <u>81</u> | 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) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S</u> | |
| 13a. FATHER'S NAME <u>Samuel Galbreath</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Beale</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edith Galbreath</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 <u>Ruth Nolt</u> ADDRESS <u>King City, Missouri</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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> 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 <u>Sudden</u> <u>years.</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | | 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) | | 4201 | |
| 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>5-29, 1951</u> to <u>12-18, 1952</u> , that I last saw the deceased alive on <u>12-9, 1952</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. B. Blacklock M.D.</u> | | | | 23b. ADDRESS <u>King City</u> | | 23c. DATE SIGNED <u>12-15-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 20, 52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Graham</u> | | 24d. LOCATION (City, town, or county) (State) <u>Graham Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Dec 22-52</u> | | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland O Clark</u> | | ADDRESS <u>King City</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

380
1

JAN 8 1944

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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City 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.