

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

18364

State File No.

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee Summit</u>	c. LENGTH OF STAY (in this place) <u>2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Lee Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508-S. Green</u>		d. STREET ADDRESS (If rural, give location) <u>508 S. Green</u>	

3. NAME OF DECEASED (Type or Print) <u>Michael L. Galgano</u>	a. (First) <u>(L)</u> b. (Middle) <u>(L)</u> c. (Last) <u>Galgano</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 6-1953</u>
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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>Aug 9-1869</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 WEEK Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Coabello Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Donna Marie Raffella</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Linden Galgano</u>
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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>493-125221</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maurine Fields Lee Summit</u>	ADDRESS <u>Lee Summit</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan, 1951, to 5-6, 1953, that I last saw the deceased alive on 5-5, 1953, and that death occurred at P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip Hager M.D.</u>	23b. ADDRESS <u>Lee's Summit, Mo.</u>	23c. DATE SIGNED <u>5-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Our Newcomer Sons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-8-53</u>	REGISTRAR'S SIGNATURE <u>W. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Our Newcomer Sons</u>	ADDRESS <u>K.C. Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert J. Herron

Licensed Embalmer No. 41849

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.