

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21561

State File No.

FILED JUL 9 - 1953 BIRTH NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2927

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. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 40 yrs.		e. STREET ADDRESS (If rural, give location) 5405 Virginia			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle) W.		c. (Last) Galvin	
4. DATE OF DEATH (Month) (Day) (Year) 6 10 53		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 1-30-1886/1888		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months IF UNDER 12 HOURS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Manager		10b. KIND OF BUSINESS OR INDUSTRY Hardware Dustry Richards & Conover		11. BIRTHPLACE (City and State or Foreign Country) Edgerton, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John D. Galvin		13b. MOTHER'S MAIDEN NAME Margaret Dwyer	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 195-24-9770	
17. INFORMANT'S SIGNATURE OR NAME Miss Marie Galvin		ADDRESS 5405 Virginia, KC, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary neck ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 199	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Natural		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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-23 , 19 53 , to 6-9 , 19 53 that I last saw the deceased alive on 6-9 , 19 53 and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE H. OWENS		23b. ADDRESS 1134 Quail Bldg		23c. DATE SIGNED 6-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-13-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-11-53		REGISTRAR'S SIGNATURE Geraldine Smith			

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

Dr. H. H. Owens

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.....
Signature of Student Embalmer

Signed.....
Arthur Eugene

Licensed Embalmer No. *4912*

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.