

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23551**

40452

3072

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. _____ Registrar's No. **181**

173

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. -If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (In this place) 1 Hr.		d. STREET ADDRESS (If rural, give location) 577 West North	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hos pital			

3. NAME OF DECEASED (Type or Print) Galen		a. (First) Waynee		c. (Last) Tevis		4. DATE OF DEATH (Month) (Day) (Year) June 25 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 25-1953	
9. AGE (In years last birthday) —		IF UNDER 1 YEAR Months —		IF UNDER 1 YEAR Days —		IF UNDER 1 YRS. Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Galen H. Tevis		13b. MOTHER'S MAIDEN NAME Irene Wawhiney		14. NAME OF HUSBAND OR WIFE —	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Galen W. Tevis		ADDRESS Marshall, Mo.	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		ANTECEDENT CAUSES		DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 776 X		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) 7:45		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 **6-25-1953**, to **6-25-1953**, that I last saw the deceased alive on **6-25-1953**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Reed		(Degree or title) M.D.		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 6-25-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 11/26/53		24c. NAME OF CEMETERY OR CREMATORY Wheatland Cemetery		24d. LOCATION (City, town, or county) (State) Wheatland Missouri	
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DATE REC'D BY LOCAL REG. 6-25-1953		REGISTRAR'S SIGNATURE Sidney F. Gray		25. FUNERAL DIRECTOR'S SIGNATURE J. Leelin Surrency		ADDRESS Marshall, Mo.	
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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

wrapped in cotton saturated with Emb. Fluid.
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Lealie Sweeney

Licensed Embalmer No. *2225*

P. O. Address *Marshall, Va*

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.