

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25763

State File No.

AUG 13 1953

REG. DIST. NO. 248

PRIMARY REG. DIST. NO. 5841

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Buffalo</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6 1/2 mi. E. of Seneca</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 mi East of Seneca</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 mi. E. of Seneca</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Jane</u> c. (Last) <u>Gallemore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>April 5, 1877</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Barber</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Love</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Gallemore</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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>Bob Blankenship, Seneca, 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 CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic valvular heart mitral stenosis</u> DUE TO (c) <u>acute infectious cerebral infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)		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>June</u> , 1951, to <u>July 31, 1953</u> that I last saw the deceased alive on <u>July 30, 1953</u> and that death occurred at <u>12:30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John B. Roberts D.O.</u>		23b. ADDRESS <u>Seneca, Mo.</u>	23c. DATE SIGNED <u>Aug-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-1-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	486-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Bell, Seneca, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 853-155

Date Filed AUG 12 1959

NEOSHO, MISSOURI

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 W. G. Bellcome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.