

ED AUG 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28134**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY Cooper		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) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Gillam, Mo.	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) H.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Pauline	b. (Middle) Rinne	c. (Last) Gallaher	4. DATE OF DEATH (Month) (Day) (Year) August 20 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25/1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Hopewell, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Rinne	13b. MOTHER'S MAIDEN NAME Fredericka Begeman	14. NAME OF HUSBAND OR WIFE Victor E. Gallaher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Victor E. Gallaher, Gillam, Missouri	ADDRESS Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction of common bile duct, carcinoma of duct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) metastatic Ca of liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis, Biliary cholangitis 155X			

19a. DATE OF OPERATION 8/10/53	19b. MAJOR FINDINGS OF OPERATION Contrasted cholecystitis, Nodularity along bile duct, Nodules	20. AUTOPSY? YES <input checked="" 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)	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 **July 31, 1953**, to **Aug 20, 1953**, that I last saw the deceased alive on **Aug 19, 1953**, and that death occurred at **8:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William, M.D.	(Degree or title)	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 8/20/53
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24a. BURIAL, CREMATION-REMOVAL (Specify) Burial	24b. DATE Aug. 22"/1953	24c. NAME OF CEMETERY OR CREMATORY Little Rock	24d. LOCATION (City, town, or county) (State) Saline County, Missouri
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DATE REC'D BY LOCAL REG. 8-21-53	REGISTRAR'S SIGNATURE D. Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE (Sweeney Funeral Home, Marshall, Mo.)	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1955

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 _____

J. H. Goodman

Licensed Embalmer No. *1178*

P. O. Address *Boonville, 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.