

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31125

State File No. \_\_\_\_\_

No. 300  
10-48

XC-17754672

RN# 977

SEP 23 1953

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 390

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 14 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		123/1
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			d. STREET ADDRESS (If rural, give location) Star Route		
3. NAME OF DECEASED (Type or Print) MILLARD		a. (First)	b. (Middle)	c. (Last) GALLANT	4. DATE OF DEATH (Month) (Day) (Year) September 10, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-6-07	9. AGE (in years last birthday) 46	IF UNDER 1 YEAR Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gunsmith		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Belle City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charley Gallant		13b. MOTHER'S MAIDEN NAME Ellen Greer		14. NAME OF HUSBAND OR WIFE Juanita Gallant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		
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) Coronary Occlusion  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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  4201				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 Aug. 27, 1953, to Sept. 10, 1953; <del>examined the body</del> and that death occurred at 8:10 a.m., from the causes and on the date stated above.					
23a. SIGNATURE HARRY J. PRICE, Chief Medical Service		(Degree or title)	23b. ADDRESS VA Hospital Poplar Bluff, Mo.		23c. DATE SIGNED 9-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-11-1953	24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Mo.		
DATE REC'D BY LOCAL REG. 9/16/53	REGISTRAR'S SIGNATURE J.H. Neuhill		FUNERAL DIRECTOR'S SIGNATURE Greasen Crout Fitch ADDRESS Poplar Bluff, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
SEP 21 1963  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 Joseph R. Matlock  
Licensed Embalmer No. 4824  
P. O. Address Spencer Bluff, W. 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.