

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43890

State File No. ....

FILED DEC 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Lansana</u>		c. CITY OR TOWN <u>Frankford</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>MAPIE</u> c. (Last) <u>GOLLAGHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 1963</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 19 1903</u>		9. AGE (in years last birthday) <u>50</u>		10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>14</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or until retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pike Co, Ill</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Justine Myron</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Gallagher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. Alfred Gallagher, Frankford, Ill</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, with metastasis to lung, very extensive.</u>		DUE TO (b) <u>primary site undetermined.</u>				6 mths	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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				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) (Min.)		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 9/23/53, 1953, to 12/3/58, that I last saw the deceased alive on 12/2/53, 1953, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas H Lewellen M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>12/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 6 1963</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dover</u>	
24d. LOCATION (City, town, or county) (State) <u>Pike Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Grace Bankhead Bowling Green Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Harold C. Kives*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Banling Green, N*

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.