

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4837

State File No.

678

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 30 yrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 2857 East 6th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Northeast Osteopathic Hospital		f. STREET ADDRESS (If rural, give location) 2857 East 6th Street	

3. NAME OF DECEASED (Type or Print) Avon a. (First) Avon b. (Middle) GALLUP c. (Last) GALLUP			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-10-83	9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Texas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ---- Diamant	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Eugene Gallup
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Mr. L. Zampoline, 2855 E. 6th, K. C., Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		10 years
DUE TO (b) Diffuse arteriosclerosis		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		10 or more years
DUE TO (c) Chronic Interstitial Nephritis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		592X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Nov 1, 1952, to Feb 12, 1954, that I last saw the deceased alive on Feb 11, 1954, and that death occurred at 2:18 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. G. Jemison <i>H. G. Jemison</i>	(Degree or title) W. O. 2	23b. ADDRESS 5400 Indigo Ln. K.C. Mo.	23c. DATE SIGNED Feb 12, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-13-54	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 2-12-54	REGISTRAR'S SIGNATURE <i>Suzaldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, Kansas City, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

By: H. J. Jameson
Handwritten
5400 Indef. Ave.
Be. 2262

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.....
Signature of Student Embalmer

Signed *Melvin Barteaux*.....

Licensed Embalmer No. 40

P. O. Address AC 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.