

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15784

State File No.

1996

FILED MAY 18 1954

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		b. COUNTY <u>CRAWFORD</u>	
c. LENGTH OF STAY (In this place) <u>1 month</u>		c. CITY OR TOWN <u>PITTSBURG</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4950 WESTWOOD TERRA CE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>*****</u>		(If rural, give location) <u>8150 8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PHILLIP</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>GALLERY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4, 1954</u>
-------------------------------------	---------------------------	--------------------------	--------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>SEPT. 11, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>+</u>	11. DAYS <u>-</u>	12. HOURS <u>-</u>	13. MIN. <u>-</u>
--------------------	-------------------------------	---	--	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTORNEY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CARTHAGE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>PHILLIP GALLERY</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA GALLIGAN</u>	14. NAME OF HUSBAND OR WIFE <u>IDA GALLERY</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FRANK BAXTER</u>	ADDRESS <u>4950 WESTWOOD TERRACE</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY HEART DISEASE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		420	

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 March 24, 1954 to May 4, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Douglas</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>6305 Brookside Plaza KC, Mo</u>	23c. DATE SIGNED <u>May 4, 1954</u>
---	---	-------------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>MAY 4, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-4-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman Sr Inc.</u>	ADDRESS <u>U.S. 76.</u>
--	--	---	-------------------------

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 <sup>not</sup> by me; ~~was~~ *not embalmed because of Religious Beliefs* Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W.C. Reine*.....

Licensed Embalmer No. *487*.....

P. O. Address *W.C. Reine*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.