

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **149**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Boone 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Columbia, Mo.)		c. LENGTH OF STAY (in this place) 5 mo.		c. CITY OR TOWN Fredericktown		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION University Dormitory No. 4				STREET ADDRESS (If rural, give location) High Street 0621 / 1			
3. NAME OF DECEASED (Type or Print) a. (First) Franklin b. (Middle) Galey c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1 17 55				
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Aug 3 1932	
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days Hours Mts.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Peoli Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Loren Galey			13b. MOTHER'S MAIDEN NAME Ruby Tallen			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. monies 3 yrs unknown		17. INFORMANT'S SIGNATURE OR NAME Loren Galey, Jr.		ADDRESS Fredericktown	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shotgun wound of brain				INTERVAL BETWEEN ONSET AND DEATH immediate	
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E976X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 17 55 6:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 20 gauge shotgun to forehead			
22. I hereby certify that I attended the deceased from 1/17 , 19 55 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lenny Sweet Jr MD				23b. ADDRESS Coroner 3 Columbia Mo		23c. DATE SIGNED 1/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-20-55		24c. NAME OF CEMETERY OR CREMATORY Fredericktown		24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.	
DATE REC'D BY LOCAL REG. Jan. 18 1955		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lynnant Sweet, Columbia Mo			

(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, ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.