

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

8886

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 39

1. PLACE OF DEATH  
 a. COUNTY Mississippi  
 b. CITY (If outside corporate limits, write RURAL and give town) Wyatt (rural)  
 c. LENGTH OF STAY (In this place) 4 yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Miss.  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt (rural)  
 d. STREET ADDRESS (If rural, give location) Gen. Del.

3. NAME OF DECEASED (Type or Print)  
 a. (First) Robert b. (Middle) Earl c. (Last) Galloway  
 4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1955

5. SEX Male 6. COLOR OR RACE Col. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH Nov. 6, 1949 9. AGE (In years last birthday) 5 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Dell, Arkansas / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willie Galloway 13b. MOTHER'S MAIDEN NAME Alberta Penrose 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alberta Galloway, Wyatt, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Burned to death  
 ANTECEDENT CAUSES DUE TO (b) Home burned due to  
Kerosene explosion in stove  
 DUE TO (c) E9160  
16  
 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 067 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wyatt Mississippi Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 20, '55 6:00 A. m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? House fire due to stove explosion

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Mrs. Shelby Coover 23b. ADDRESS East Prairie, Mo. 23c. DATE SIGNED 2-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 23, 1955 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) Charleston, Missouri

DATE REC'D BY LOCAL REG. 2-28-55 REGISTRAR'S SIGNATURE Jean Heaman 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. D. Sparks Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. APR 9 1955

Date Filed

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

*Body not Embalmed*

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau Mo*

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.