

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5041** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural (Flatcreek)</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Cassville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) <b>0 550</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SARAH</b>	b. (Middle)	c. (Last) <b>GALLOWAY</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>May 23, 1955</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>11-7-1873</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Vernon, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Hugh Fairburn</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Niles</b>	14. NAME OF HUSBAND OR WIFE <b>Absolom Galloway</b>
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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 <b>Mrs. Bert Reams-Cassville, Missouri</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b>		<b>20 years</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>334X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **1935** to **May 19, 1955**, that I last saw the deceased alive on **May 19, 1955**, and that death occurred at **7 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. E. McDonald M.D.</b> (Degree or title)	23b. ADDRESS <b>Cassville, Mo.</b>	23c. DATE SIGNED <b>5-25-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-26-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cassville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-28-55</b>	REGISTRAR'S SIGNATURE <b>Mary McDonald, Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul D. Herbst</b> ADDRESS <b>Cassville, Mo.</b>
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(Licensed Embalmer's statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT,  
CASSVILLE, MO.

NO. 558-252

DATE REC. 5-28-55

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul D. Keubest.....

Licensed Embalmer No. 45

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I  
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.