

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23222

State File No.

FILED AUG 12 1955

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>126</u>		
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write "RURAL" and give township) OR TOWN <u>Ft. Wood Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Lexington</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>1870 Pershing</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Galloway</u>			4. DATE OF DEATH <u>8/4/1955</u> (Month) (Day) (Year)					
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5/5/1922</u>		
9. AGE (In years last birthday) <u>33</u>		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) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bakersfield, Calif</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marty McCarty</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Fairchilds</u>			14. NAME OF HUSBAND OR WIFE <u>Robert Galloway, I</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Galloway, Lexington, Ky.</u> ADDRESS _____				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>skull fracture, crushing</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>injuries, result plane crash</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>861X</u>						
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ft Wood</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ft Wood 085 Pulaski MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>8-4-55 12:33 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Biplane Crash</u>				
22. I hereby certify that I attended the deceased from <u>Aug. 4, 1955</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:33 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>County coroner B. Hedges</u> (In Gross or title)				23b. ADDRESS <u>Richland, Missouri</u>		23c. DATE SIGNED <u>8/8/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/8/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-8-55</u>		REGISTRAR'S SIGNATURE <u>Paula Opae Anderson</u>		SIGNATURE OF THE CLERK'S SIGNATURE <u>B. Hedges</u>		ADDRESS <u>United Homes Inc Crocker, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-8-55
Putnaski County Health Officer
File Number
Date Filed 8-8-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter P. Hedges*

Licensed Embalmer No. *426*

P. O. Address *Beaumont, Mo*

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