

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36630**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviness</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton</b>		c. LENGTH OF STAY (In this place) <b>5 Days</b>		c. CITY OR TOWN <b>Gallatin</b>		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 <b>Cullers Hospital</b>				STREET ADDRESS (If rural, give location) <b>---</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>Galpin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 16 1955</b>	
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>June 15 1881</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Daviness Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Gallamore</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Margaret Adams</b>		14. NAME OF HUSBAND OR WIFE <b>Victor S. Galpin (Dec'd)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. S.M. Rissler, Trenton, Mo.</b>			
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) <b>Acute coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic myocarditis</b> DUE TO (c) <b>4201</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial asthma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>instantly</b> <b>3 yrs.</b> <b>5 yrs.</b>	
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)		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 <u>Sept 13, 1955</u> , to <u>Nov 16</u> , 1955, that I last saw the deceased alive on <u>Nov 16</u> , 1955, and that death occurred <u>11:50P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A.L. Clark M.D.</b>				23b. ADDRESS <b>Trenton, Mo.</b>		23c. DATE SIGNED <b>11/19/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-19-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>		24d. LOCATION (City, town, or county) (State) <b>Gallatin, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-19-55</b>		REGISTRAR'S SIGNATURE <b>Helen Jau'o</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

.300  
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FEB 28 1956

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

Student.....  
Signature of Student Embalmer

Signed *L. C. Richerson*

Licensed Embalmer No. *330*  
P. O. Address *Gallatin*

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