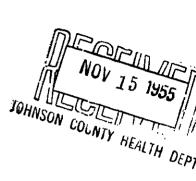
. 300	11		THE DIVISION OF HE				37315						
-48	CUED NOV 6	10 40EE	STANDARD CERTIF	-ICATE OF DEA	ATH	State File No	3/310						
$\lambda^{p}$	BIRFALED NOV 2	2 Z 1900	REG. DIST. NO. 167	PRIMARY REG. DIST.		Kegistrar's No							
б¹,	1. PLACE OF DEA a. COUNTY . T			2. USUAL RESID	المسامعة والمسابي								
- 1	<u>J</u>	ohnson		a. STATE Miss	ou ri	b. COUNTY Henry admission).							
	b. CITY (If outside cor		township) STAY (in this place)	c. CITY	d. In Res	esidence within limits of ty or incorporated town?							
₽		osehill	2 hrs.	TOWN Blai		<del></del>	<b>X</b> No D 9,						
RECORD	HOSPITAL OR INSTITUTION	If not in hospital or	institution, give street address or location)	STREET ADDRESS	(If rural, give loca	give location)  O 4-7							
RE	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DA	TE (Month)	(Day) (Year)						
H	(Type or Print)	Charles	<u> </u>	Gallihug	h DEA		11 1955						
PERMANENT	5. SEX () 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8, DATE OF BIRTH	9. AG	E (In years IF UNDER birthday) Months	I YEAR IF UNDER 11 HRS. Days Hours 1 Min.						
A		<u>hi te</u>	Married /		88570								
RM	10a. USUAL OCCUPATIO	N (Give kind of work at life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (Ci	ty and State or Fo.	reign Country) 🎵	12. CITIZEN OF WHAT COUNTRY?						
PE	Merchant		Hardware	Onarga,	<u>Illinois</u>	·	U.S.A.						
- ₹	13a. FATHER'S NAME		136. MOTHER'S MAIDEN	NAME	14. NAME OF	ME OF HUSBAND OR WIFE							
ы ы	John Cattl			<u>zht</u>		Ann Gall	ihugh						
MAKE	15. WAS DECEASED EVEL (Yes. no. or unknown)   (If	R IN U.S. ARMED yen, give war or date	FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	S SIGNATURE	OR NAME	ADDRESS						
-31.	no		none	Daisy Ann Gallihugh, Blairstown,									
INK-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR O	MEDICAL CONDITION DING TO DEATH*(a)	many the	somle	oris_	INTERVAL BETWEEN ONSET AND DEATH						
		ANTECEDENT O	AUSES	. /.		A							
1 CK	*This does not mean the mode of dying, such	Morbid condition	ns, if any, giving DUE TO (b)	compen	rated &	urt.	2 yru						
BLA	as heart failure, asthenia, etc. It means the dis-	rise to the above the underlying co	cause (a) stating use last.	,									
	case, injury, or complica-	1	DUE TO (c)										
ž	tion which caused death.		IFICANT CONDITIONS		. ^	4- 4							
AD.			ibuting to the death but not ase or condition causing death.		42	0							
UNFADING	19a. DATE OF OPERA-	19b. MAJOR FIN	IDINGS OF OPERATION	•	•		20. AUTOPSY?						
5		<del> </del>					YES NO						
Ö	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)						
USING		<u> </u>		sur	slown	Henry	y mo						
Ď	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	/							
PLAINLY	22. I hereby certify that I attended the deceased from Oct 16 , 1954, to kov -11 , 1955, that I last saw the deceased												
	alive on 11-11, 1955, and that death occurred at 1 2 m., from the causes and on the date stated above.												
77.	23a. ŞIGNATURE	0	(Degree or title)	23b. ADDRESS	<u>-</u>		23c. DATE SIGNED						
		(for		Clinte	on. Mo.	•	11/12/55						
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Specify)	24b, DATE	24c. NAME OF CEMETER	Y OR CREMATORY	24d. LOCATION (	City, town, or coun							
¥¥.	Burial	11/13/	55 Bleirstown	. Missouri	Blaire	town, Mi	ggouni						
_	DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATURE 1.150-1	Missouri 25. FUNERAL DIREC	TOR'S SIGNAT	URE	DRESS						
}	11-14-55 120.	Mus St	Vredford	Cook Fund	erel Hom	e. Chilh	owee. Mo.						
1			(Licensed Embalmer's	Statement on Reverse Sid									



## STATEMENT BY LICENSED EMBALMER

	I hereby	certify t	hat the	body v	whose	name	is	recorded	on	the	reverse	side	of t	his	certificat	e wa	s en
by n	ne, or by	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	· · · · · · · ·		<b></b> -				•	., Stu	ıde n	t Er	nbalmer I	oV	••••

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Signed

Licensed Embalmer No....

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 embalmed by a STUDENT, he also shall sign in his OWN handwrite If this body is not embalmed, fact should be so stated above.