

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40174

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 15-

1. PLACE OF DEATH a. COUNTY <u>Gentry Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>	c. LENGTH OF STAY (in this place) <u>72. yrs.</u>	c. CITY OR TOWN <u>King City</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 <u>Dawes Rest home</u>		e. STREET ADDRESS (If rural, give location) <u>0380</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Minerva</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Gall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12. 19. 1955</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>3.11.1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 1 HR. Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DeKalb Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			

13a. FATHER'S NAME <u>Wm H. Riche</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel L. Gall</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D.D. Richie</u>	ADDRESS <u>King City Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (a poplexy)</u>	DUE TO (b) <u>Arteriosclerosis</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>		

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 July 19 34 to 12.19.55, 1955, that I last saw the deceased alive on 12/19, 1955, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

22a. SIGNATURE (Deceased or title) <u>D. D. Richie</u>	22b. ADDRESS <u>King City Mo.</u>	22c. DATE SIGNED <u>12.21.55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12.21.55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winslow</u>	24d. LOCATION (City, town, or county) (State) <u>King City Mo. R.R.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 26 - 55</u>	REGISTRAR'S SIGNATURE <u>Maudie Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. S. Taggart</u>	ADDRESS <u>King City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4

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 *R. G. Taggart* .....

Licensed Embalmer No. 2563

P. O. Address King City M

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