

FILED MAY 1 1956

Bill Turner
Steele Mo.THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14173
Registrar's No. 20

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 4603		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Polk Pemiscott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pemiscott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Steele		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				STREET ADDRESS (If rural, give location) 0780			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Ellen		b. (Middle) Gallant		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4-17-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 13 1879		9. AGE (In years last birthday) 70	if UNDER 1 YEAR Days	if UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cobden Ill.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME J. Gallant			13b. MOTHER'S MAIDEN NAME Ashman		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sylvester Gallant			
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) Cerebral Vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days.	
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) (Min.)	
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 4/15, 1956, to _____, 19____, that I last saw the deceased alive on 4/15, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William J. Turner MD				23b. ADDRESS Steele Mo		23c. DATE SIGNED 4/20/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-1956	24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Blytheville Ark.		
DATE REC'D BY LOCAL REG. 4/26/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blytheville Ark. Cobb Funeral Home.			

(Licensed Embalmer's Statement on Reverse Side)

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

4-109-56

APR 30 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE ; PHONE 79
; CARUTHERSVILLE, MO.

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 *Geo. R. Stovall*

Licensed Embalmer No. *310*

P. O. Address *Raytown*

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.