THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40386

STATE FILE NUMBER

FILED DEC 11 1956

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hosp #3 — Length of stay in 1b 10 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN IRWIN 0060 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First BEN Middle — Last Galloupe

4. DATE OF DEATH Month Nov Day 30 Year 1956

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb 7 1874
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 9 Days 23 — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Winterset Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME FRANKLIN Galloupe
14. MOTHER'S MAIDEN NAME Rebecca Hartsaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT (Wife) Address Nan Galloupe Irwin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 years
DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertrophy of the Prostate

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 13 56 to Nov 30 56 and last saw ~~her~~ him alive on Nov 30 1956
Death occurred at 840 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank J. Ayers M.D.
22b. ADDRESS State Hospital #3
22c. DATE SIGNED Nov 30 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 2 1956
23c. NAME OF CEMETERY OR CREMATORY Sheldon
23d. LOCATION (City, town, or county) Vernon Co (State) Mo

24. FUNERAL DIRECTOR ADDRESS Bieny Funeral Home Sheldon Mo
25. DATE RECD. BY LOCAL REG. 12-5-1956
26. REGISTRAR'S SIGNATURE Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural disease

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. Bernard Beeny

Licensed Embalmer No. 4

P. O. Address Sheldon

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.