

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40877

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Oldfield
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Rest Home		STREET ADDRESS (If rural, give location) Rural Bruner 6312/0	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J c. (Last) Galbraith		4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 21, 1883
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	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	11. BIRTHPLACE (City and State or Foreign Country) Not known
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm J Galbraith Jr		13b. MOTHER'S MAIDEN NAME Alice Nugent	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Information given by Deceased. Before Death
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES Thrombosis recurrent with decubematous & general body anasarca Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① arteriosclerosis, severe ② hernia, diaphragmatic, severe with bleedings	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	INTERVAL BETWEEN ONSET AND DEATH Known since early 1955 yes may 56 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 2 May, 1956, to 10 July, 1956, that I last saw the deceased alive on 10 June, 1956, and that death occurred at 6: P.m., from the causes and on the date stated above.			
23a. SIGNATURE D. Rojzer M.D.		23b. ADDRESS Ozark, Mo	23c. DATE SIGNED 12/24-1956
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/24/56	24c. NAME OF CEMETERY OR CREMATORY Sparta	24d. LOCATION (City, town, or county) (State) Christian Co Mo
DATE REC'D BY LOCAL REG. Jan 5, 1957	REGISTRAR'S SIGNATURE Lettie Leonard	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin ADDRESS Ozark, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *T. B. Chaffin*.....

Licensed Embalmer No. *2192*

P. O. Address *Ozark*

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