

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12570

FILED MAY 13 1957

5808-57

Registration District No. 77

Primary Registration District No. 3016

STATE FILE NUMBER

Registrar's No. 160

Health & Welfare  
Public Service

S. 300  
1-56

The new Sp. N.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 607 Cherry St		d. STREET ADDRESS 607 Cherry St.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last DONALD ARTHELL GALBREATH		4. DATE OF DEATH Month Day Year May 6th 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Febr 16th 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	9. AGE (In years last birthday) -
11. BIRTHPLACE (City and state or country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Donald Arthell Galbreath		14. MOTHER'S MAIDEN NAME Marion Ruth Porter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Infant		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Donald Arthell Galbreath Jeff City Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia, bilateral</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Bronchiolitis</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>491X.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>Feb 16, 1957</i> to <i>May 6, 1957</i> and last saw her alive on <i>2-20-57</i> Death occurred at <i>9:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert H. Lanner, M.D.</i>		22b. ADDRESS <i>Jefferson City, Mo.</i>	
22c. DATE SIGNED <i>5-8-57</i>			
23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial		23b. DATE May 7th 1957	
23c. NAME OF CEMETERY OR CREMATOR Longview Cemetery		23d. LOCATION (City, town or county) (State) Jefferson City, Missouri	
24. FUNERAL DIRECTOR Robinson Service Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. <i>10 May 1957</i>	
26. REGISTRAR'S SIGNATURE <i>R. P. Varma, MD FR</i>			

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 Body not Embalmed Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald P. Freeman  
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City  
Missouri

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.