

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30529

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3074 Registrar's No. 1421

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>30 min</u>		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 <u>Mo Delta Hospital</u>		STREET ADDRESS (If rural, give location) <u>R # 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u> b. (Middle) <u>J.</u> c. (Last) <u>Gallier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Mar 10, 1887</u>		9. AGE (in years last birthday) <u>70</u>		10. UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Tom Gallier</u>		13b. MOTHER'S MAIDEN NAME <u>Synthia Myers</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blady Gallier - Yoccoa Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		DUPLICATE (b) _____		DUPLICATE (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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE (b) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1. Pulmonary Edema.</u>		<u>30 min</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		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 PM Aug 16, 1957, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Aug 16, 1957 and that death occurred at 2:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Andru B. Sm. Jr. M.D.</u>		23b. ADDRESS <u>Sikeston Missouri</u>		23c. DATE SIGNED <u>8.18.57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 20, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Obnera Cemetery Yoccoa Steven Co. Mo</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor Sikeston Mo</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>8-18-57</u>		REGISTRAR'S SIGNATURE <u>Martha E. Hunter</u>		ADDRESS _____	

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

DATE RECEIVED AUG 19 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 857-176

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.....

*Mark Watkins*

Licensed Embalmer No. 47

P. O. Address *Dexter*

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.