

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

State File No. **43840**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **5399** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Lathrop, Twms.		c. CITY OR TOWN Turney.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) Two Miles N Lathrop	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Home.			

3. NAME OF DECEASED (Type or Print)	a. (First) Verna	b. (Middle) Frances	c. (Last) Gall.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31. 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 30. 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Turney, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Edward Currell	13b. MOTHER'S MAIDEN NAME Mary Christopher	14. NAME OF HUSBAND OR WIFE Jesse L. Gall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jesse L. Gall	ADDRESS Turney, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331X
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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?
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22. I hereby certify that I attended the deceased from **Feb 29, 1957**, to **Dec 31, 1957**, that I last saw the deceased alive on **Dec 30, 1957**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Spalding	(Degree or title) M.D.	23b. ADDRESS Plathrop, Mo.	23c. DATE SIGNED Dec 31 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 1, 1958	24c. NAME OF CEMETERY OR CREMATORY Lathrop, Cemetery.	24d. LOCATION (City, town, or county) (State) Lathrop, Mo.
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DATE REC'D BY LOCAL REG. 1-5-58	REGISTRAR'S SIGNATURE Francis D. Crawford	25. FUNERAL DIRECTOR'S SIGNATURE DeMoss Crunk,	ADDRESS Cameron, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5210

SEP 8 1958

APR 11 1958

MAR 24 1958

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 *H. G. Moss*

Licensed Embalmer No. 2533

P. O. Address Cameron, Mo

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.