

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035523

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1153

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in 1b 65 yrs	d. STREET ADDRESS 231 Michigan (If outside, give location) 0117
3. NAME OF DECEASED (Type or print) First Middle Last Martin Joseph Gallagher			4. DATE OF DEATH Month Day Year Oct. 24, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1870
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Forman		9b. KIND OF BUSINESS OR INDUSTRY Swift & Co	9c. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Forman		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co	10c. BIRTHPLACE (City and state or country) Co. Claire, Ireland
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Gallagher		13b. MOTHER'S MAIDEN NAME Catherine ???	14. NAME OF HUSBAND OR WIFE Nellie Gallagher
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 Address Nellie Gallagher, St. Joseph, 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) Cerebral Thrombosis, left DUE TO (b) Arteriosclerosis gen - DUE TO (c) 332X CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			INTERVAL BETWEEN ONSET AND DEATH 4 days unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 8-27-57 to Oct. 24, 1958 Death occurred at 11:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from 8-27-57 to Oct. 24, 1958 Death occurred at 11:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Motherhead		22b. ADDRESS 2603 Frederick Avenue St. Joseph, Missouri	22c. DATE SIGNED 10-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10/27/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemete ry	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
24. FUNERAL DIRECTOR Dr. John L. Motherhead		25. DATE RECD. BY LOCAL REG. Oct. 31, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be capably related.

Dr. John L. Motherhead
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 8 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 *John E. Rupp*
Licensed Embalmer No. *10986*
P. O. Address *St. Joseph*

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.