

DR DELZELL

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039525
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1079

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		Length of stay in lb LIFE	039 ^d STREET ADDRESS 807 WEST BROWER
3. NAME OF DECEASED (Type or print) First M. Middle EMMA Last GALBRAITH		4. DATE OF DEATH Month NOV. Day 7. Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL, 17, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEC. MO. SCHOOL SUPPLY		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) 60
11. BIRTHPLACE (City and state or country) GREENE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME GABE A. GALBRAITH		13b. MOTHER'S MAIDEN NAME MOLLIE GALLOWAY	14. NAME OF HUSBAND OR WIFE X
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. 493-36-9132	17. INFORMANT Address MRS J. G. LEWERS, SAPULPA, OKLA.
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 Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetes Secondary DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 331X
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION SPRINGFIELD
		COUNTY	STATE
21. I attended the deceased from Nov 1/58 , to Nov 7/58 and last saw her/him alive on Nov 7/58 Death occurred at 7:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Delzell M.D. (Degree or title)		22b. ADDRESS Springfield	22c. DATE SIGNED 11/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/11/58	23c. NAME OF CEMETERY OR CREMATORY DANFORTH CEMETERY
		23d. LOCATION (City, town, or county) EAST OF SPRINGFIELD, MO.	(State)
24. FUNERAL DIRECTOR HERMAN LOHMEYER, SPRINGFIELD, MO		25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE Effie B. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-57

All diseases in Part I must be causally related.

DEC 18 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 *[Handwritten Signature]*

Licensed Embalmer No. *2727*

P. O. Address *[Handwritten Address]*

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.