URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59–038622
STATE FILE NUMBER

AMENDED

Registration District No. 336 Primary Registration District No. _____ Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shannon
c. CITY OR TOWN Birch Tree
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Maurice Middle: Joal Last: Gall

4. DATE OF DEATH Month: June Day: 13 Year: 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 9, 1890
9. AGE (last birthday) 69
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Dunlap, Iowa
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Gall
13b. MOTHER'S MAIDEN NAME Dora Joal
14. NAME OF HUSBAND OR WIFE Rhoda Gall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Yes
17. INFORMANT Willard Gall Address Mountain View, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Natural Causes (Probable Coronary Thrombosis)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Coroner of Shannon Co., Frank James Kotfield)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 9:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mabel Collins (Degree or title) Regular
22b. ADDRESS Winona Mo
22c. DATE SIGNED 10-14-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/16/59
23c. NAME OF CEMETERY OR CREMATORY Royal Oak
23d. LOCATION (City, town, or county) (State) County Line

24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn. View, Mo
25. DATE RECD. BY LOCAL REG. Oct 14. 1959
26. REGISTRAR'S SIGNATURE Mabel Collins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 20 1959

NOV 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard A. Norton

Licensed Embalmer No. 5029

P. O. Address Mt. Vie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.