

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044740

FILED VS JAN - 5 1960 206

Registration District No. _____ Primary Registration District No. 3042 Registrar's No. 61

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown			Length of stay in 1b Years		c. CITY OR TOWN Fredericktown		Inside Limits Reside <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 West College			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 206 West College		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Loren Middle Francis Last Galey				4. DATE OF DEATH Month December Day 26 , Year 1959			
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 12-30-1899	9. AGE (last birthday) 59	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, or if retired) Taxi operator			10b. KIND OF BUSINESS OR INDUSTRY self-employed		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Galey			13b. MOTHER'S MAIDEN NAME Sarah Steward		14. NAME OF DECEASED WIFE Ruby Galey		
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. 304-10-2183		17. INFORMANT Address Mrs. Madge Strange - Fredericktown, 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) Carcinoma of Left Cerebrum						INTERVAL BETWEEN ONSET AND DEATH 6 months +	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Aug 28, 1959 7:15 a. and last saw him alive on Dec 24, '59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles E. Muehle				22b. ADDRESS 135 S. Minchamotte Fredericktown Missouri		22c. DATE SIGNED Dec 28, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-28-1959	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park		23d. LOCATION (City, town, or county) (State) Madison County, Missouri		
24. FUNERAL DIRECTOR H. Robinson		ADDRESS Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 28-1959	26. REGISTRAR'S SIGNATURE Therence Hicks		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 11 19

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Frederick

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.