

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 10 1960

-60-033714

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 234

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>34 Years</b>		c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>825 East Love</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>GEORGE</b>				First Middle Last <b>GALL</b>		4. DATE OF DEATH Month Day Year <b>October 3, 1960</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-22-99</b>		9. AGE (last birthday) <b>60</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Refractories</b>		11. BIRTHPLACE (City and state or country) <b>Washington, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Adolphus G. Gall</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Galbraith</b>			14. NAME OF <del>DECEASED</del> WIFE <b>Hattie Gall</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>490-07-1933</b>		17. INFORMANT Address <b>Mrs. Geo Gall, Mexico, Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</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								INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>?</b>	
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 <b>Oct 3-60</b> to <b>Oct 3-60</b> and last saw him alive on <b>Oct 3-60</b> Death occurred at <b>9:15 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>James O. Lawford M.D.</b> (Degree or title)				22b. ADDRESS <b>in office</b>				22c. DATE SIGNED <b>10-5-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-5-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Mem. Park</b>		23d. LOCATION (City, town, or county) <b>Mexico, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Arnold Funeral Home</b>				ADDRESS <b>510 S. Wash Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct-5-1960</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Richard J. McPherson*

Licensed Embalmer No. 482

P. O. Address Mexico

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