

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-022148

STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 3084 Registrar's No. 87

**FILED JUL 14 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Length of stay in 1b <u>15 MO.</u>	c. CITY OR TOWN <u>ELS BERRY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>BROWN'S MILL RD.</u>
3. NAME OF DECEASED (Type or print) First <u>FLOYD</u> Middle <u>OWEN</u> Last <u>GALLOWAY</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>6</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-28-69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING - RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-EMPLOYED</u>	9. AGE (last birthday) <u>91</u>
11. BIRTHPLACE (City and state or country) <u>ELS BERRY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>MATTHEW M. GALLOWAY</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY ELLEN GALLOWAY</u>	
14. NAME OF HUSBAND OR WIFE <u>GERDA (NEE COBB)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>YES - UNKNOWN</u>		17. INFORMANT <u>RALPH GALLOWAY</u> Address <u>ELS BERRY, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4-8 hrs</u>
DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>			<u>10 yrs</u>
DUE TO (c) <u>also Pyelonephritis</u>			<u>3 mos</u>
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 <u>5:00 P</u> a.m. p.m. Month, Day, Year <u>4/26/60</u>	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 <u>ELS BERRY</u> COUNTY <u>MO.</u> STATE <u>MO.</u>
21. I attended the deceased from <u>4/26/60</u> to <u>7/6/61</u> and last saw him <sup>her</sup> alive on <u>7/6/61</u> Death occurred at <u>5:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chris H. Lichten</u> M.D.		22b. ADDRESS <u>Louisiana, Mo.</u>	22c. DATE SIGNED <u>7/7/61</u>
23a. <del>BURIAL</del> CREMATION, <u>CREM.</u>	23b. DATE <u>7-8-61</u>	23c. NAME OF <del>CEMETERY</del> CREMATORY <u>VALHALLA</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>
24. FUNERAL DIRECTOR <u>O. C. RUCKS</u>	ADDRESS <u>ELS BERRY, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 7, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

**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 *Robert A. ...*

Licensed Embalmer No. 4012

P. O. Address Elsbury, Mo

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.