MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-030031
STATE FILE NUMBER

AMENDED

FILED SEP 11 1961

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe — Length of stay in 1b: 4 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 600 Sunset — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 600 Sunset — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GLADYS Middle: LOUISE Last: GALLATIN
4. DATE OF DEATH: Month August Day 30 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-14-95
9. AGE (last birthday): 65 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Meadville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Brown Warren
13b. MOTHER'S MAIDEN NAME: Laura Emmaline Lund
14. NAME OF HUSBAND OR WIFE: Harley Gallatine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT (Name, address): Harley Gallatin; 600 Sunset Chillicothe, Mo.

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): acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — ?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): cerebral vascular accident + right hemiplegia
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 Jan 1959, to Aug 30-61 and last saw her/him alive on Aug 30-61
Death occurred at Two A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Joseph F. Gale M.D. (Degree or title)
22b. ADDRESS: Chillicothe, Mo.
22c. DATE SIGNED: 8-30-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-1-61
23c. NAME OF CEMETERY OR CREMATORY: Meadville
23d. LOCATION (City, town, or county) (State): Meadville, Missouri
24. FUNERAL DIRECTOR: Norman Funeral Home ADDRESS: Chillicothe, Missouri
25. DATE RECD. BY LOCAL REG.: Aug 30 1961
26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

MAR 7 1962

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 John P. Lodges

Licensed Embalmer No. 4963

P. O. Address Chillicothe, 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.