MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014847
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 695

FILED MAY 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0397
2 8010₂
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burge Prot. Hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Alabama b. COUNTY: Jefferson
c. CITY OR TOWN: Gardendale — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Gardendale R.F.D. # 1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NINA — Middle ELLA — Last GALLUPS
4. DATE OF DEATH: Month May — Day 1, — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/22/1905
9. AGE (last birthday): 56 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Warrior, Alabama
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Davis S. Eades
13b. MOTHER'S MAIDEN NAME: Clara Swint
14. NAME OF HUSBAND OR WIFE: John Carl Gallups
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: John Carl Gallups, Gardendale, Ala. — Address: R.F.D. # 1 Box 14

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): Fracture dislocation cervical spine
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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.) One car accident, three people killed instantly when car went out of control
20c. TIME OF INJURY: 5:15 Hour a.m. p.m. — Month, Day, Year: 4-27-62
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.): Hi way 60
20f. CITY, TOWN, OR LOCATION: Near Mansfield, Wright — COUNTY: Co — STATE: Missouri

21. I attended the deceased from 4-27-62, to 5-1-62 and last saw her/him alive on 5-1-62
Death occurred at 7:00P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo B. H Dunkle
22b. ADDRESS: 1136 S. Glenstone Springfield, Mo.
22c. DATE SIGNED: 5/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5/2/1962
23c. NAME OF CEMETERY OR CREMATORY: Warrior Cemetery
23d. LOCATION (Give town or county) (State): Warrior, Alabama

24. FUNERAL DIRECTOR: Ralph Thieme, Springfield, Missouri — ADDRESS: 1200 Boonville Avenue
25. DATE RECD. BY LOCAL REG.: 5-8-62
26. REGISTRAR'S SIGNATURE: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 5-2-63

MAY 24 1963

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 Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spfd., 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.