

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032031

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 47

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 29 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pike		a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green		Length of stay in lb 15 years	c. CITY OR TOWN Bowling Green Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wilson & Pike Co. Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) So. St. Charles St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) HULDA LEO GALLOWAY			4. DATE OF DEATH August 25, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-79
9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 83 Days Hours Min. 	IF UNDER 24 HR Months Days 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 House-keeping	11. BIRTHPLACE (City and state or country) Louisville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Phillip Moore		13b. MOTHER'S MAIDEN NAME Martha Wyatt	14. NAME OF HUSBAND OR WIFE Harry Galloway
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. none	17. INFORMANT Mrs. W.E. Lovell, Bowling Green, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Peripheral Circulatory Collapse			30 min.
DUE TO (b) Fulmonary Edema			6 hrs.
DUE TO (c) Congestive Heart Failure			2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 1/3/62 to 8/25/62 and last saw her <input checked="" type="checkbox"/> alive on 8/25/62			
Death occurred at 7:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 214 W. Church, Bowling Green, Mo.	22c. DATE SIGNED 8/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-27-62	23c. NAME OF CEMETERY OR CREMATORY Indian Creek Cemetery New Hartford, Pike, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Harold Kirks, Bowling Green, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 27, 1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Burial permit obtained 8/27/62

Maidee E. Williams
Maidee Williams, Local Registrar

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 Kirk*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.