

II DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 20 1959

59-024889

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 174 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henk.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON mo</u>		c. CITY OR TOWN <u>Urich</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>3 wks.</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Guy</u> Middle <u>P</u> Last <u>Gallbreath</u>			4. DATE OF DEATH Month <u>7</u> Day <u>16</u> Year <u>1959</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>Aug 4 1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED FARMER</u>		11. BIRTHPLACE (City and state or country) <u>JAMESON mo DAVIES</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse W. Gallbreath</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Cobb</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche P. Gallbreath</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-42-8473</u>		17. INFORMANT Address <u>Blanche P. Gallbreath Urich 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>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
DUE TO (c) <u>5 yrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)		
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20c. TIME OF INJURY Hour <u>5:00</u> Month <u>Nov.</u> Day <u>1958</u> Year <u>1958</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>Urich</u> COUNTY <u>mo</u> STATE <u>Mo</u>		
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21. I attended the deceased from <u>Nov. 1958</u> to <u>July 16, 1959</u> and last saw <u>her</u> alive on <u>July 16, 1959</u> Death occurred at <u>5:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE (Degree or title) <u>A. M. McIntyre, M.D.</u>			22b. ADDRESS <u>Clinton mo</u>			22c. DATE SIGNED <u>7-17-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>July 19-59</u>		23b. DATE <u>Urich</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cemetery Urich</u>		23d. LOCATION (City, town, or county) (State) <u>mo Henry Co</u>		
24. FUNERAL DIRECTOR <u>Brown & Graham-Urich mo</u>			25. DATE RECD. BY LOCAL REG. <u>July 17-59</u>			26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 13 1959

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton

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