

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

953

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO.

BIRTH NO.

1. NAME

Ruff

Gallion

2. DATE OF DEATH August 9, 1950

FIRST

MIDDLE

LAST

MONTH

DAY

YEAR

3. COLOR
OR
RACE

White Male

4. SEX

5. SINGLE, MARRIED, WIDOWED,
DIVORCED (SPECIFY)

Married

6. DATE
OF
BIRTH7. AGE (IN YEARS
LAST BIRTHDAY)

Approx 52

IF UNDER 1 YR.
MONTHS DAYSIF UNDER 24 HRS.
HOURS MINS.

8. PLACE OF DEATH

A. COUNTY

Shelby

B. CIVIL
DISTRICT9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution,
Residence Before Admission)

R-R

Missouri

COUNTY Pemiscot

CIVIL DISTRICT

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Memphis

D. LENGTH OF STAY
IN THIS PLACE

7 days

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Pascola

E. NAME OF HOSPITAL (If not in Hospital or Institution,
Give Street Address and Location)

VAMTG Kennedy Hospital

E. STREET (IF RURAL, GIVE LOCATION)
ADDRESS

Route 1

10A. USUAL OCCUPATION (Give Kind of Work Done During Most
of Working Life, Even if Retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. SOCIAL SECURITY NUMBER

Unknown

12. WAS DECEASED EVER IN U.S. ARMED FORCES?

SPECIFY, YES, NO,
UNKNOWN

Yes

IF YES, GIVE WAR AND
DATES OF SERVICEWW#1
6-2-17 to 6-4-19

13. BIRTHPLACE (State or Foreign Country)

Dexter, Missouri

14. CITIZEN OF WHAT COUNTRY?

U.S.

15. FATHER'S NAME

John Gallion

16. MOTHER'S MAIDEN NAME

Mary Dooley

17. INFORMANT

KA Hospital records

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

1. DISEASE OR CONDITION DI-
RECTLY LEADING TO DEATH*

(A)

Intracerebral hematoma

7 days

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY,
GIVING RISE TO ABOVE CAUSE (A)
STATING THE UNDERLYING CAUSE
LAST.

DUE TO (B)

DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

Depressed skull fracture, left temporal

7 days

19A. DATE OF OPERATION

8-2-50

19B. MAJOR FINDINGS OF OPERATION

Findings as above

20A. AUTOPSY

YES NO

20B. FINDINGS AT AUTOPSY

See reverse

21A. ACCIDENT
SUICIDE
HOMICIDE

(SPECIFY)

Homicide

21B. PLACE OF INJURY (In or About
Home, Farm, Factory, Street, Office, Build'g, etc.)

Home

21C. PLACE OF INJURY

CITY, TOWN OR RURAL

COUNTY

STATE

Pascola

Pemiscot

Missouri

21D. TIME
OF
INJURY

MONTH DAY YEAR HOUR

Aug. 1 1950 ?

21E. INJURY OCCURRED

WHILE NOT WHILE
AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

Hit on head with a large board

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

M.D.

OTHER
(SPECIFY)

ADDRESS

DATE

G. C. Manning, M.D.

23A. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Removal

23B. DATE OF BURIAL, CRE-
MATION, OR REMOVAL

8-9-50

23C. NAME OF Cemetery or Crematory

Maple

23D. LOCATION CITY, TOWN OR COUNTY

STATE

Caruthersville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

H. S. Smith Funeral Home, Caruthersville
Mo.25. REGISTRATION
DIST. NO.

26. DATE SIGNED BY

1-4-51

27. REGISTRAR'S SIGNATURE

L. M. Graves

THIS BECOMES A LE-
GAL RECORD WHEN
PROPERLY EXECUTED
AND WILL BE PLACED
IN PERMANENT FILE.WRITE PLAINLY WITH
PERMANENT INK OR
TYPEWRITER.PHYSICIAN LAST IN
ATTENDANCE MUST
STATE CAUSE OF
DEATH AND SIGN
MEDICAL CERTIFICA-
TION. IF NO PHYSI-
CIAN IN ATTEND-
ANCE, HEALTH OFFI-
CER (OR CORONER,
IF INQUEST WAS
HELD) MUST COM-
PLETE AND SIGN
MEDICAL CERTIFICA-
TION. POWER OF SIG-
NATURE CANNOT BE
DELEGATED.

CAUSE OF DEATH.

ENTER ONLY ONE
CAUSE PER LINE FOR
A. B. C. * THIS DOES
NOT MEAN MODE OF
DYING SUCH AS
HEART FAILURE, AS-
THENIA, ETC. IT
MEANS THE DISEASE,
INJURY OR COMPLI-
CATION WHICH
CAUSED DEATH.FUNERAL DIRECTOR
OR PERSON DISPOS-
ING OF BODY, MUST
FILE CERTIFICATE
WITH LOCAL REGIS-
TRAR WITHIN 72
HOURS AFTER DEATH
AND PRIOR TO TRANS-
PORTATION BY COM-
MON CARRIER OR RE-
MOVAL FROM STATE.ALL ITEMS ARE TO BE
COMPLETE AND AC-
CURATE.

- Findings at autopsy:
1. Fracture, skull, linear frontal region.
 2. Defect in skull, temporal region left, post operative.
 3. Extradural hemorrhage, left temporal region.
 4. Encephalomalacia brain, temporal region left and temporal parietal region right.
 5. Subarachnoid hemorrhage, generalized
 6. Cirrhosis of liver, portal type.
 7. Pulmonary congestion, marked