

FILED AUG 18 1953

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No. **29054**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **359**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Baxter Springs, Kansas	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 712 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospitale			

3. NAME OF DECEASED (Type or Print) a. (First) Eula b. (Middle) (Cole) c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 10-17-1893		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Days 11. IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (State or foreign country) Monett Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Oscar D. Matthews		13b. MOTHER'S MAIDEN NAME Mahalie Gibson		14. NAME OF HUSBAND OR WIFE Jess Cole (Deceased)	
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'S SIGNATURE OR NAME ADDRESS George M. Cole Riverton, Kan.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 week
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease			5 yrs
		DUE TO (c) Thrombophlebitis left leg			4 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X			20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-5, 1946**, to **8-2, 1953** that I last saw the deceased alive on **8-2, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. Bogan MD		23b. ADDRESS Baxter Springs		23c. DATE SIGNED 8-4-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial		24b. DATE 8-3-1953		24c. NAME OF CEMETERY OR CREMATORY Hill Crest cemetery		24d. LOCATION (City, town, or county) (State) Galena, Kansas	
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DATE REC'D BY LOCAL REG. 8-4-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		25. FUNERAL HOME [Signature]	
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(Licensed Embalmer's Statement on Reverse Side)

#1132

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 17 1953
Jasper County Health Office
County File No. 664
Date Filed AUG 17 1953

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 _____

working under my personal supervision.

Student Embalmer No. 484

Signed Ray Derselt
Student Embalmer

Signed Jane Wene
Licensed Embalmer No. 2880
P. O. Address Bayton S. Hwy 19

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 this body is not embalmed, fact should be so stated above.