FILED NOV 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36236

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 488

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. 1 Garden Township
d. STREET ADDRESS (If rural, give location): Galena Kansas

3. NAME OF DECEASED (Type or Print): a. (First) Opal b. (Middle) M. c. (Last) Ferris

4. DATE OF DEATH (Month) (Day) (Year): 10-26-53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2 - 1906
9. AGE (In years last birthday): 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Poplar Bluff Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: J. Bickell
13b. MOTHER'S MAIDEN NAME: Emma Smith
14. NAME OF HUSBAND OR WIFE: Arthur Ferris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Arthur Ferris — ADDRESS: R.F.D. 1 Galena Kans.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Kidney Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Metastasis
DUE TO (c) Carcinoma of Cervix

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 171 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9, 1952, *to* 10-26, 1953, *that I last saw the deceased alive on* 10-26, 1953, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. C. Pickrell (Degree or title) D.O.
23b. ADDRESS: Baxter Springs
23c. DATE SIGNED: 10-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10-26-53
24c. NAME OF CEMETERY OR CREMATORY: Baxter Springs Cemetery
24d. LOCATION (City, town, or county) (State): Baxter Springs Kansas

DATE REC'D BY LOCAL REG.: 10-28-53
REGISTRAR'S SIGNATURE: Ed L. Jones 13 by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. Lance Ulene Baxter Springs Kan.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 2 1953
Jasper County Health Office
County File Number 53-11-877
Date Filed NOV 2 1953

NOV 1

FEB 18 1959

MAR 29 1957

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 Wene Funeral Home Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed J Frank Wene

Licensed Embalmer No. 2880 mo

P. O. Address Baxter Spgs Ka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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