

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37775**

FILED NOV 19 1954

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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>538</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JASPER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>TOPLIN</u> | | c. LENGTH OF STAY (in this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GALENA</u> | | d. STREET ADDRESS (If rural, give location) <u>1109 HARVARD ST.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 6 1954</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> | | b. (Middle) <u>SUSAN</u> | | c. (Last) <u>WEBSTER</u> | | 5. SEX <u>FEMALE</u> | |
| 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>2 APRIL 1875</u> | | 9. AGE (In years last birthday) <u>79</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Baxter Springs, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William Martin</u> | | 13b. MOTHER'S MAIDEN NAME <u>NANCY</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jess W Webster Galena Kan</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jess W. Webster</u> ADDRESS _____ | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Heart Dis</u> DUE TO (c) <u>Senility</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> <u>10 yrs</u> <u>20 yrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) (Min) _____ | |
| 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 _____, 19 <u>47</u> , to <u>6 Nov</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6 Nov</u> , 19 <u>54</u> , and that death occurred at <u>7:20 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert J. Powell, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Galena Kansas</u> | | 23c. DATE SIGNED <u>7 Nov 54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-8-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>11-9-54</u> | | REGISTRAR'S SIGNATURE <u>Ed S. James</u> 138 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy L. Derfelt</u> ADDRESS <u>Galena Kan</u> | | | |

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

County File Number 27-196
Date Filed NOV 18 1954

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 _____

DERFELT FUNERAL HOME

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Roy L. Derfelt
Licensed Embalmer No. 4945

P. O. Address Helena Kansas

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.