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✓ FILED AUG 8 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24134

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 340

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) OR TOWN Joplin	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 514 Galena Av.	

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) MELINDA c. (Last) FAULSTICH			4. DATE OF DEATH (Month) (Day) (Year) 8 1 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 24 March 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Texas County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James Link	13b. MOTHER'S MAIDEN NAME Jane Swindle	14. NAME OF HUSBAND OR WIFE Edwin H. Faulstich	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Beeler		ADDRESS Galena, Kan.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 3 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Arteriosclerotic heart disease			? 10 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 July 18, 1956, to Aug 1, 1956, that I last saw the deceased alive on Aug 1, 1956, and that death occurred at 2:10 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John E. Keeler, M.D.	23b. ADDRESS 805 E. Co. Bldg. Joplin	23c. DATE SIGNED 8-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-2-1956	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. Aug 1-1956	REGISTRAR'S SIGNATURE Novae Merriam Roy	25. FUNERAL DIRECTOR'S SIGNATURE Ray S. Desfelt	ADDRESS Galena, Kan.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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County File Number 56-8-63C

Date Filed AUG 6 1956

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 *Roy S. Derfelt*

Signed.....
Student Embalmer

Licensed Embalmer No. *4945*

P. O. Address *Galena, 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.