

22750  
 FILED MAY 13 1953

BIRTH NO. REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **217**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jonlin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Galena</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>2008 Jonlin St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b> b. (Middle) <b>Mae</b> c. (Last) <b>Himes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 4 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>5-4-1953</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>1</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>St. Johns Hosp. Jonlin Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USAA</b>	

13a. FATHER'S NAME <b>Frank L Himes</b>		13b. MOTHER'S MAIDEN NAME <b>Nola Dean Gandy</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank L. Himes</b>	
				ADDRESS <b>Galena Kan</b>	

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) <b>Pulmonary atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>55 min</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia (6 mo)</b>			
		DUE TO (c)			
		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 <b>762.5</b>		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 **4 May, 1953**, to **4 May, 1953**, that I last saw the deceased alive on **4 May, 1953**, and that death occurred at **10:55 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert J. Parull m.d.</b> (Degree or title)		23b. ADDRESS <b>Galena, Kansas</b>		23c. DATE SIGNED <b>4 May 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-4-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gandy Cemetery</b>	
		24d. LOCATION (City; town, or county) (State) <b>Rural (Galena, Kan.)</b>			

DATE REC'D BY LOCAL REG. <b>5-5-53</b>		REGISTRAR'S SIGNATURE <b>Ed S. James</b> <b>139</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray L. Heston</b>	
		ADDRESS <b>Galena, Kan.</b>			

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

495  
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RECEIVED 5-12-53  
Jasper County Health Office

County File Number 53-5-402

Date Filed 5-12-53

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 \_\_\_\_\_

*Desfelt Funeral Home*

working under my personal supervision.

Student Embalmer No. *484*

Signed *Roy L. Desfelt*  
Student Embalmer

Signed *J. James Ware*

Licensed Embalmer No. *2880*

P. O. Address *Bayte Shgs Pa*

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.