

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36239

FILED NOV 4-1953

State File No. 489

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. _____

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) c. LENGTH OF STAY (In this place) Tipton 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Baxter Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If rural, give location) 1103 Lincoln 8150	

3. NAME OF DECEASED (Type or Print) a. (First) Pellan M. b. (Middle) c. (Last) Saines	4. DATE OF DEATH (Month) (Day) (Year) 10-28-53
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept 15-1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mtn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Rock Island Ill-1	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph McAlbany	13b. MOTHER'S MAIDEN NAME Fannie McAlbany	14. NAME OF HUSBAND OR WIFE A. H. Saines
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ray Saines Baxter Spgs Kas
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		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) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis with Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-25-53, to 10-27-53, that I last saw the deceased alive on 10-27-53, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. C. Pistorelli D.O.	23b. ADDRESS Baxter Springs Kansas	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-28-53	24c. NAME OF CEMETERY OR CREMATORY Baxter Spgs Cemetery	24d. LOCATION (City, town, or county) (State) Baxter Spgs Kansas
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DATE REC'D BY LOCAL REG. 10-29-53	REGISTRAR'S SIGNATURE Ed S. Saines 138 By Dallas Amphibious	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Dance Wene Baxter Spgs Kas
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED NOV 2 1953

Jasper County Health Office

County File Number 53-11-878

Date Filed NOV 2 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.....

Wene Funeral Home

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2880 m

P. O. Address Bayton Shgs Va

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.