

STANDARD CERTIFICATE OF DEATH

State File No. **9121**

BIRTH **FILED MAR 30 1954** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **125**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lowell Township	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS 3 miles west of Galena, Kan. West of Union Chapel School	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) Emma c. (Last) Mallatt			4. DATE OF DEATH (Month) (Day) (Year) March 20 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 8, 1891		9. AGE (In years last birthday) 62 yrs		IF UNDER 1 YEAR Months Days Hours Min.	
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) Galena, Kansas	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Hobson		13b. MOTHER'S MAIDEN NAME Georgianna Bogle		14. NAME OF HUSBAND OR WIFE Joseph Earl Mallatt	
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 R.R. ADDRESS Joseph Earl Mallatt Galena, Kan.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Hepatic coma			DUE TO (b) Cirrhosis of the Liver			3 days		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) 5810			1 yr +		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Varices with						6 mo +		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Recent massive hemorrhage		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) m.		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 3-4, 1954, to 3-20, 1954, that I last saw the deceased alive on 3-20, 1954, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. C. DeTou, Jr. M.D.		23b. ADDRESS 410 Jackson Joplin, MO		23c. DATE SIGNED 3/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/23/54		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
		24d. LOCATION (City, town, or county) Galena, Kansas			

DATE REC'D BY LOCAL REG. 3-23-54		REGISTRAR'S SIGNATURE Wm. E. Pallet		25. FUNERAL DIRECTOR'S SIGNATURE 519 Main St. Galena, Kans	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 29 1919
Jasper County Health Office
County File Number 54-32
Date Filed MAR 29 1919

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Steve Parker

Licensed Embalmer No. 254 P

P. O. Address

Jasper Mo

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.