

FILED NOV 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34321

BIRTH NO. _____		REG. DIST. NO. <u>126</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>527</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</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>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>0445 523 West 3<sup>RD</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. JOHN'S HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>October 31 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUELLA</u>		b. (Middle) <u>KING</u>		c. (Last) <u>KING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 31 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>28 MAY 1891</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 28 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>0</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>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>TYRONE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Weeden MORGAN</u>		13b. MOTHER'S MAIDEN NAME <u>Permelia GRANT</u>		14. NAME OF HUSBAND OR WIFE <u>W.W. KING</u>		Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>518 7 09-5440</u>		17. INFORMANT'S SIGNATURE OR NAME _____		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Vascular Accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured left hip - Surgical Repair</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>  <u>8 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331 X F</u>				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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept 25, 1954</u> , to <u>Oct 31, 1954</u> , that I last saw the deceased alive on <u>Oct 31, 1954</u> , and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>421 Frisco Bldg, Joplin, Mo</u>		23c. DATE SIGNED <u>11/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburgh Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-1-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>GALENA KANSAS</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 54-11-916  
Date Filed NOV 8 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** of Galena Kansas

working under my personal supervision.

Student Embalmer No.....

Signed Roy L. 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.