

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34337

FILED NOV 3 - 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 522

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route # Galena (3 1/4 miles West)</u>	
c. LENGTH OF STAY (In this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>Route # Galena (3 1/4 miles West)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. JOHN'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) _____ c. (Last) <u>YOUNG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 29 1954</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 17, 1861</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farm Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING LABOR</u>	11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>? YOUNG</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE TIPTON</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P.H. BASKETT</u> ADDRESS <u>R#2 GALENA KAN.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>20 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Hypostatic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sciility - Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>			

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) _____
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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 25 Oct, 1954 to 29 Oct, 1954; that I last saw the deceased alive on 28 Oct, 1954, and that death occurred at 1:38 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert G. Powell M.D.</u>	23b. ADDRESS <u>Galena, Kansas</u>	23c. DATE SIGNED <u>29 Oct 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-29-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lowell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lowell KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>10-29-54</u>	REGISTRAR'S SIGNATURE <u>W. S. Jasniec</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray L. Derfelt</u> ADDRESS <u>GALENA KANSAS</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 1 1954
Jasper County Health Office
County File Number 897
Date Filed NOV 1 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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Roy L. Derfelt

Licensed Embalmer No. 4245

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.