

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12338

State File No.

FILED APR 26 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 163

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>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Garden Township</u>	
c. LENGTH OF STAY (In this place) <u>8 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Galena, Kansas Route # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joan</u> b. (Middle) <u>Diane</u> c. (Last) <u>Hanson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 5, 1953</u>	9. AGE (In years) (last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>8</u> Days	IF UNDER 24 HRS. Hours <u></u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wilson O. Hanson</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn R. Hall</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>Wilson O. Hanson</u> ADDRESS <u>Galena, Kansas R # 2</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>21 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Acute Aspirin Poisoning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</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.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Galena, Cherokee, Kansas</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 21, 1955 11:00 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidental ingestion large quantity Aspirin</u>
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22. I hereby certify that I attended the deceased from 11:30 am 21 Apr 55, to 8:00 am 22 Apr 55, that I last saw the deceased alive on 22 Apr, 1955, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Powell M.D.</u>	23b. ADDRESS <u>Galena, Kansas</u>	23c. DATE SIGNED <u>22 Apr 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.O. Galena Kansas</u>
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DATE REC'D BY LOCAL REG. <u>4-23</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.O. Dersfelt</u> ADDRESS <u>Galena, Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jasper County Health Office
County File Number 25-4-22
Date Filed APR 25 1955

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, DERFELT FUNERAL HOME

DERFELT FUNERAL HOME

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Salina 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.