

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41105

State File No.

FILED JAN 4 - 1956
BIRTH NO. 89013-55 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 555

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) <u>TOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GALENA</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>500 Euclid St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>Archie</u>	c. (Last) <u>WELLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-55</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>Never Married</u>	8. DATE OF BIRTH <u>12-26-1955</u>	9. AGE (In years last birthday) <u>10</u> Months <u>10</u> Days <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>St. John's Hosp. - Toplin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bob L. Wells</u>	13b. MOTHER'S MAIDEN NAME <u>Loretta</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>Bob L. Wells</u> ADDRESS <u>Galena Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (7 mo)</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</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 12-26, 1955, to 12-26, 1955, that I last saw the deceased alive on 12-26, 1955, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Powell MD</u>	23b. ADDRESS <u>Galena, Kansas</u>	23c. DATE SIGNED <u>27 Dec 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>
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DATE REC'D BY LOCAL REG. <u>12-27-55</u>	REGISTRAR'S SIGNATURE <u>By Daloris Sampkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray L. Berfelt</u> ADDRESS <u>Galena, Kan</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 3 1956
Jasper County Health Office

County File Number 56-1-13

Date Filed JAN 3 1956

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

working under my personal supervision.

Student Embalmer No.....

Signed *Roy L. Derfelt*

Licensed Embalmer No. *4945*

Signed.....
Student Embalmer

P. O. Address *Galena, Kansas*

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.