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

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1617

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: CHEROKEE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GALENA
d. STREET ADDRESS (If rural, give location): 1105 WOOD ST. 8150 8

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): E.
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): JAN. 23 - 1956

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Oct 10, 1942
9. AGE (In years last birthday): 13 | If under 1 year: Months / Days | If under 1 day: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL
11. BIRTHPLACE (State or foreign country): GALENA KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JOHN MOORE
13b. MOTHER'S MAIDEN NAME: EDITH KING
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: John Moore
ADDRESS: Galena Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull fracture, shock — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs 1/2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1. Fracture Rt femur
2. Fracture mandible
3. Multiple lacerations and abrasions

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Galena 8150 Cherokee, Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 22 56 11:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* 12:30 am 23 Jan *1956, to* 23 Jan, *1956, that I last saw the deceased alive on* 23 Jan, *1956, and that death occurred at* 8:50 am., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Powell
(Degree or title): M D
23b. ADDRESS: Galena Kansas
23c. DATE SIGNED: 23 Jan '56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-27-56
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
24d. LOCATION (City, town, or county) (State): GALENA KANSAS

DATE REC'D BY LOCAL REG.: 1-26-56
REGISTRAR'S SIGNATURE: Ted L. Janney 138-C by Dolores Lamphiere
25. FUNERAL DIRECTOR'S SIGNATURE: J. O. Dersell
ADDRESS: Galena Kansas

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 1 1956
Jasper County Health Office
County File Number 56-2-76
Date Filed FEB 1 1956

FEB 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, or by.....

.....,

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.