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FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9463

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (in this place) township: 18 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Freeman's Hospital		d. STREET ADDRESS (If rural, give location) 618 East 7th St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Bruce	b. (Middle) Reynolds	c. (Last) Hasenplaugh	(Month) March	(Day) 26	(Year) 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1887	9. AGE (In years last birthday) 69 yrs.	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HRS. Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Janitor	10b. KIND OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Hasenplaugh	13b. MOTHER'S MAIDEN NAME Josephine LaRue	14. NAME OF HUSBAND OR WIFE Mrs. Nina Hasenplaugh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-09-0453	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nina Hasenplaugh	ADDRESS Galena, Kan
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stens, Generalized		3 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V. Disease DUE TO (c) Senile Arteriosclerosis		15 yrs. 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1947 to 26 Mar 1956, that I last saw the deceased alive on 25 Mar, 1956, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert G. Powell M.D.	23b. ADDRESS Galena, Kans	23c. DATE SIGNED 27 Mar 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/26/56	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Galena, Kansas
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DATE REC'D BY LOCAL REG. 3-27-56	REGISTRAR'S SIGNATURE Noel Merriam	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Stet	ADDRESS Galena, Kans
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(Licensed Embalmer's Statement on Reverse Side)

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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56-4-204

APR 3 1956

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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

Jack Parker

Licensed Embalmer No. 14936

P. O. Address Cahoon

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.