

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20909

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 261

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baxter Springs	
c. LENGTH OF STAY (In this place) 2 Months		d. STREET ADDRESS (If rural, give location) 1737 Lincoln	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hone-Manor Restorium			
3. NAME OF DECEASED a. (First) Alice b. (Middle) C c. (Last) Nigh			4. DATE OF DEATH (Month) (Day) (Year) June 15 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 23 Sept. 1881
9. AGE (In years last birthday) 74		10. YEAR Months Days	11. HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Douglas Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Francis Fleming		13b. MOTHER'S MAIDEN NAME Elizabeth Yockey	14. NAME OF HUSBAND OR WIFE Jess Nigh
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jess Nigh Baxter Spg. Kan.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Apoplexy DUE TO (c) Chronic myocarditis.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3 days		12 weeks (known) 3 months.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
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)			
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?			
22. I hereby certify that I attended the deceased from April, 1956, to June, 1956, that I last saw the deceased alive on June 11, 1956, and that death occurred at 1:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Robert M. M.D.</i>		23b. ADDRESS 607 Frisco Bldg., Joplin, Mo.	
23c. DATE SIGNED 6-15-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-17-56	
24c. NAME OF CEMETERY OR CREMATORY Quaker Cemetery		24d. LOCATION (City, town, or county) (State) Riverton (Cherokee) Kan.	
DATE REC'D BY LOCAL REG. 6-18-56		REGISTRAR'S SIGNATURE <i>Noel Merriam</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Roy S. Diefelt</i>		ADDRESS Galena, Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 50-6-502  
Date Filed JUN 20 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

**DERFELT FUNERAL HOME**

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.