

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27360**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 388

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) TOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) GALENA	
c. LENGTH OF STAY (In this place) 15 DAYS		d. STREET ADDRESS (If rural, give location) 109 East 3rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) NONA b. (Middle) R. c. (Last) MILLS			4. DATE OF DEATH (Month) (Day) (Year) 8-28-1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Feb. 16, 1899		9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (State or foreign country) GRANBY Missouri	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME Robert Mills		13b. MOTHER'S MAIDEN NAME Dora Elliott		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARGARET LAMB ADDRESS GALENA MO	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephroses Acute INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Common Duct Obstruction 6 weeks DUE TO (c) Carcinoma Head Pancrease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION 8/24/56		19b. MAJOR FINDINGS OF OPERATION Carcinoma Head of Pancrease. 1.57X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min) _____		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 Aug 1, 1956, to Aug 28, 1956, that I last saw the deceased alive on Aug 28, 1956, and that death occurred at 4:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul F. Grubb M.D.		23b. ADDRESS Galena, Kansas		23c. DATE SIGNED 8/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-28-56		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
		24d. LOCATION (City, town, or county) Galena		(State) KANSAS	

DATE REC'D BY LOCAL REG. 8-28-56		REGISTRAR'S SIGNATURE Noel Merriam		25. FUNERAL DIRECTOR'S SIGNATURE Poy L. Derfelt ADDRESS Galena Kansas	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Jasper County Health Office
County File Number 56-9-708
Date Filed SEP 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

DERFELT FUNERAL HOME

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Roy P. Derfelt
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.