

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5192

State File No. _____

FILED FEB 27 1957

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>93</u>	
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) OR TOWN <u>Joplin</u>				c. CITY OR TOWN <u>Galena</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
c. LENGTH OF STAY (In this place) <u>4 days</u>				e. STREET ADDRESS (If rural, give location) <u>1112 Moeller</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>Abraham</u>		c. (Last) <u>Abraham</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u> (Day) <u>22</u> (Year) <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/25/1881</u>	
9. AGE (In years last birthday) <u>75yrs.</u>		10. UNDER 1 YEAR ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS ☐ 4 YEARS ☐ 5 YEARS ☐ 6 YEARS ☐ 7 YEARS ☐ 8 YEARS ☐ 9 YEARS ☐ 10 YEARS ☐ 11 YEARS ☐ 12 YEARS ☐ 13 YEARS ☐ 14 YEARS ☐ 15 YEARS ☐ 16 YEARS ☐ 17 YEARS ☐ 18 YEARS ☐ 19 YEARS ☐ 20 YEARS ☐ 21 YEARS ☐ 22 YEARS ☐ 23 YEARS ☐ 24 YEARS ☐ 25 YEARS ☐ 26 YEARS ☐ 27 YEARS ☐ 28 YEARS ☐ 29 YEARS ☐ 30 YEARS ☐ 31 YEARS ☐ 32 YEARS ☐ 33 YEARS ☐ 34 YEARS ☐ 35 YEARS ☐ 36 YEARS ☐ 37 YEARS ☐ 38 YEARS ☐ 39 YEARS ☐ 40 YEARS ☐ 41 YEARS ☐ 42 YEARS ☐ 43 YEARS ☐ 44 YEARS ☐ 45 YEARS ☐ 46 YEARS ☐ 47 YEARS ☐ 48 YEARS ☐ 49 YEARS ☐ 50 YEARS ☐ 51 YEARS ☐ 52 YEARS ☐ 53 YEARS ☐ 54 YEARS ☐ 55 YEARS ☐ 56 YEARS ☐ 57 YEARS ☐ 58 YEARS ☐ 59 YEARS ☐ 60 YEARS ☐ 61 YEARS ☐ 62 YEARS ☐ 63 YEARS ☐ 64 YEARS ☐ 65 YEARS ☐ 66 YEARS ☐ 67 YEARS ☐ 68 YEARS ☐ 69 YEARS ☐ 70 YEARS ☐ 71 YEARS ☐ 72 YEARS ☐ 73 YEARS ☐ 74 YEARS ☐ 75 YEARS ☐ 76 YEARS ☐ 77 YEARS ☐ 78 YEARS ☐ 79 YEARS ☐ 80 YEARS ☐ 81 YEARS ☐ 82 YEARS ☐ 83 YEARS ☐ 84 YEARS ☐ 85 YEARS ☐ 86 YEARS ☐ 87 YEARS ☐ 88 YEARS ☐ 89 YEARS ☐ 90 YEARS ☐ 91 YEARS ☐ 92 YEARS ☐ 93 YEARS ☐ 94 YEARS ☐ 95 YEARS ☐ 96 YEARS ☐ 97 YEARS ☐ 98 YEARS ☐ 99 YEARS ☐ 100 YEARS ☐		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Lebanon</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods</u>					
13a. FATHER'S NAME <u>Joseph Abraham</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Najiba Abraham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Najiba Abraham</u>		ADDRESS <u>Galena, Ks</u>	
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) <u>Respiratory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>5 days</u> <u>chronic</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES ☐ NO ☒			
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) <u>331x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>Feb 21</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb 21</u> , 19 <u>57</u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul H. Grubb M.D.</u>		23b. ADDRESS <u>Galena, Kansas</u>		23c. DATE SIGNED <u>2/22/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/22/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galena, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-22-57</u>		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm E. G. Galt</u>		ADDRESS <u>Galena, Kans</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Jasper County Health Officer
County File Number 57-2-165
Date Filed FEB 25 1957

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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Steve Parker

Licensed Embalmer No. 264

P. O. Address.....
Joplin, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.