

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28481

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 396

| | | | | | |
|--|----------------------------------|---|---|--|--|
| 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, give TOWNSHIP only) OR TOWN <u>TOPLIN</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>GALENA</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u> | | Length of stay in lb <u>6 days</u> | d. STREET ADDRESS <u>GALENA Heights</u> | | (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>BELL</u> Last <u>FERGUSON</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>11</u> Year <u>1957</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 9, 1889</u> | 9. AGE (In years, last birthday) <u>68</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.: _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (City and state or country) <u>Valparaiso Nebraska</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | 13. FATHER'S NAME <u>William Hasenplaugh</u> | | |
| 14. MOTHER'S MAIDEN NAME <u>Josephine LaRue</u> | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | |
| 16. SOCIAL SECURITY NO. | | | 17. INFORMANT Address <u>Paul W. Ferguson Galena, Kan.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) <u>Hypertensive C.V. Disease</u> <u>10 yrs</u> |
| DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>10 yrs</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Coronary occlusion - 3 wks 4201</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | |
| 20c. TIME OF INJURY - a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>23 July 57</u> to <u>11 Aug 57</u> and last saw her/him alive on <u>11 Aug 57</u> . Death occurred at <u>8-11-57 4:35a</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Robert Powell MD</u> (Degree or title) | | | 22b. ADDRESS <u>Galena Kansas</u> | | 22c. DATE SIGNED <u>12 Aug 57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>8-13-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u> |
| 24. FUNERAL DIRECTOR <u>Roy L. Desfelt</u> ADDRESS <u>Galena, Kan.</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-13-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Noel Merriam</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Coroner must be causally related. Diseases in Part I must be causally related. Coroner must be causally related. Coroner must be causally related.

