

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033217

STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 431

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>GALENA</b> <sup>81504</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>820 Short St</b>	
3. NAME OF DECEASED (Type or print) First <b>LELIA</b> Middle <b>ETHEL</b> Last <b>DOWNING</b>		4. DATE OF DEATH Month <b>9</b> Day <b>6</b> Year <b>1958</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 15, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife &amp; Sales lady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods</b>	11. BIRTHPLACE (City and state or country) <b>Della Plains Ark.</b>
13a. FATHER'S NAME <b>Robert K. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Kiziah HARTMAN</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>509-10-2879</b>	17. INFORMANT <b>ETHEL D. BOND</b> Address <b>Galena Kansas</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Uremia Acute</b>			<b>3 wks</b>
DUE TO (c) <b>Hypertensive Cardiorenal Disease</b>			<b>Chronic</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442 X</b>			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.) <b>g</b>		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 <b>July 1948</b> to <b>Sept 6 '58</b> and last saw her <sup>alive</sup> on <b>9/6/58</b> Death occurred at <b>7:10 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Paul H. Grubb M.D.</b>		22b. ADDRESS <b>Galena, Kansas</b>	22c. DATE SIGNED <b>9/8/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-8-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Galena Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Galena Kansas</b>
24. FUNERAL DIRECTOR <b>Roy L. Derfelt Galena Kan.</b>		25. DATE RECD. BY LOCAL REG. <b>9-10-1958</b>	26. REGISTRAR'S SIGNATURE <b>Dorice Merriam</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Occasion, coronar, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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MAY 4 1959

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

Student .....  
Signature of Student Embalmer

Signed *Roy L. Derfelt* .....

Licensed Embalmer No. *4945* .....

P. O. Address *Salina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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