URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1959

59–036618
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 509

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin, Mo.
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN: Baxter Springs
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1335 East Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Henley Middle: Wiggins Last: Punke
4. DATE OF DEATH: Month Oct. Day 21 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/22/93
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: Own Home
11. BIRTHPLACE (City and state or country): Clayton, N. M.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Wiggins
13b. MOTHER'S MAIDEN NAME: Cordie Horn
14. NAME OF HUSBAND OR WIFE: Ferdinamd PuNKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: F. F. Punke Address: Baxter Springs, Kas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis Generalized with Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma ascending Colon — 1 year
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1952, to 21 Oct 59 and last saw her/him alive on 20 Oct 59
Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert Powell (Degree or title) M.D.
22b. ADDRESS: Coleman Kansas
22c. DATE SIGNED: 22 Oct 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 23, 59
23c. NAME OF CEMETERY OR CREMATORY: Baxter Cemetery
23d. LOCATION (City, town, or county) (State): Baxter Springs, Kan
24. FUNERAL DIRECTOR: Kenneth Schurman ADDRESS: 328 E 12th BAXTER SPRINGS KANS
25. DATE RECD. BY LOCAL REG.: 10-27-1959
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 L. J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Wells City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.