

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019841

FILED VS JUN 7 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 284

STATE FILE NUMBER

NDED

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) <u>JOPLIN</u>		Length of stay in 1b <u>11 DAYS</u>		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) <u>St. JOHN'S HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1112 WOOD STREET</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>LOUISE C. STANSBERRY</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>24</u> Year <u>1960</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-14-1888</u>	9. AGE (last birthday) <u>71</u>	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) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>Farmington Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>THOMAS DEAN</u>			13b. MOTHER'S MAIDEN NAME <u>DORTHEA FARLEY</u>			14. NAME OF HUSBAND OR WIFE <u>ORA STANSBERRY</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. <u>NONE</u>		17. INFORMANT <u>ORA STANSBERRY Galena Kansas</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>Toxemia - (gynecome)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			DUE TO (b) <u>Tuberculosis of coeliac axis artery</u>				3 wks?		
			DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Dangerous B.C. removed wk ago.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 Hour _____ a.m. _____ p.m.		Month, Day, Year _____							
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>5-18-60</u> to <u>5-24-60</u> and last saw her <sup>her</sup> alive on <u>5-24-60</u> Death occurred at <u>10:55 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Edgar M.D.</u>				22b. ADDRESS <u>2509 Jackson, Joplin, Mo.</u>			22c. DATE SIGNED <u>5-26-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-26-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lowell Cemetery Cherokee County Kansas</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas</u>				
24. FUNERAL DIRECTOR <u>Roy S. Denfelt Galena Kansas</u>			25. DATE RECD. BY LOCAL REG. <u>6-3-1960</u>		26. REGISTRAR'S SIGNATURE <u>Nooe Merriam</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

