ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001871
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 44

FILED VS FEB 14 1961

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b 7 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 GALENA
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2312 MAIN STREET
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ELSIE Middle MAY Last MOREY
4. DATE OF DEATH Month FEBRUARY Day 3 Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-18-1896
9. AGE (last birthday) 64
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 HOME
11. BIRTHPLACE (City and state or country) CHESTER ARKANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN WESLEY KIMES
13b. MOTHER'S MAIDEN NAME RACHEL
14. NAME OF HUSBAND OR ~~WIFE~~ LEONARD W. MOREY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT LEONARD W. MOREY Address

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, Abdominal — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 1957, to 3 Feb 61 and last saw her alive on 3 Feb 61
Death occurred at 9:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert G Powell (Degree or title) MD
22b. ADDRESS Galena Kansas
22c. DATE SIGNED 4 Feb 61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 2-7-1961
23c. NAME OF CEMETERY OR CREMATORY HILL CREST CEMETERY
23d. LOCATION (City, town, or county) GALENA (State) KANSAS
24. FUNERAL DIRECTOR Roy L. DERFELT ADDRESS GALENA, KANSAS
25. DATE RECD. BY LOCAL REG. 2-7-1961
26. REGISTRAR'S SIGNATURE Novice Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Galena 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.