

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14644

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Cornou</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keosauqua Wash</u>		c. LENGTH OF STAY (If this place) <u>13 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amsterdam</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #3</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> b. (Middle) <u>LA</u> c. (Last) <u>FOLLETTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-49</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Wid</u>		8. DATE OF BIRTH <u>1-12-1873</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>3</u> <u>3</u> <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>Lefington Mo</u>		12. CITY OF BIRTH <u>Mo</u>		
13a. FATHER'S NAME <u>Thomas Boyle</u>			13b. MOTHER'S MAIDEN NAME <u>Budget Lyons</u>		14. NAME OF HUSBAND OR WIFE <u>W. Edger</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4200</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records, Nevada</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Arterio-sclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>4-4-1949</u> , to <u>4-17-1949</u> , that I last saw the deceased alive on <u>4-16-1949</u> , and that death occurred at <u>7:25</u> m, from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. Hall M.D.</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>4-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 19-1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Spencer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer + Mangold</u>		ADDRESS <u>Amsterdam Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7;

District File Number 3-49-438

Date Filed 4-25-09

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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.

Signed L. A. Mangold

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam Mo.

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