

FILED JAN 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43903

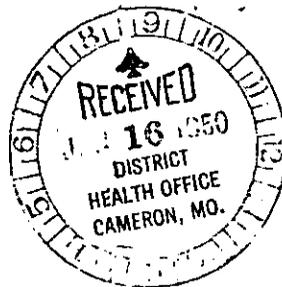
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BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Burlington Jct 0740	
c. LENGTH OF STAY (in this place) 1 hr		d. STREET ADDRESS (If rural, give location) RFD 740	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Tollien		b. (Middle) Milan	
c. (Last) Folden		12 25 1949	
5. SEX M 0 W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 1	8. DATE OF BIRTH Sept 26, 1861
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Union, Nebraska /
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Warner Folden		13b. MOTHER'S MAIDEN NAME Mary Dearman	14. NAME OF HUSBAND OR WIFE Lenora Jesae
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Folden Burl. Jct Mo
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism of pulmonary artery c. gangrene left leg Chronic Myocarditis DUE TO (b) DUE TO (c) Scurvy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		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)		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 Dec. 12, 1949, to December 25, 1949, that I last saw the deceased alive on 12-25, 1949, and that death occurred at 1:58 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. F. Poland M.D.		23b. ADDRESS Burlington Jct. Mo	
23c. DATE SIGNED 12/30/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/27/49	
24c. NAME OF CEMETERY OR CREMATORY Quitman Cemetery		24d. LOCATION (City, town, or county) (State) Cottman Missouri	
DATE REC'D BY LOCAL REG. 1-10-50		REGISTRAR'S SIGNATURE Bess Holt 229	
25. FUNERAL DIRECTOR'S SIGNATURE A. J. ...		ADDRESS Jct Mo	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 2965

P. O. Address Burl. Jet. 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.