

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19050

BIRTH NO. _____ REG. DIST. NO. 8251 PRIMARY REG. DIST. NO. 6099 Registrar's No. 131

(A) PLACE OF DEATH a. COUNTY <u>Schuyler</u>		(B) USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>	
(C) CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairie Twp.</u> c. LENGTH OF STAY (in this place) <u>life</u>		(D) CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairie Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greentop, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Greentop, Mo. 0980</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Followwill</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May 15, 1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb. 24, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Schuyler Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas Savage</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Dove</u>	14. NAME OF HUSBAND OR WIFE <u>Aaron Followwill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Aaron Followwill, Greentop. ?p/</u>	ADDRESS <u>?</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>153X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from July 5, 1949 to May 15, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. D. Bradley M.D.</u>	23b. ADDRESS <u>Queen City, Mo</u>	23c. DATE SIGNED <u>5-18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>5-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Home</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-18-50</u>	REGISTRAR'S SIGNATURE <u>Buss. R. J. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Husted</u>	ADDRESS <u>Unionville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

980

RECEIVED

MAY 23 1950

District Health Officer No. 10

District File Number 5-20-183

Date Filed

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 _____
Student Embalmer

Signed *Murl E. Shusted*

Licensed Embalmer No. 3304

P. O. Address *Umouville, 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.