

THE UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **9136**

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **3044** Registrar's No. **15**

1. PLACE OF DEATH
 a. COUNTY **Miller**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Eldon**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Miller**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Eldon**
 d. STREET ADDRESS (If rural, give location) **0**

3. NAME OF DECEASED
 a. (First) **Perry** b. (Middle) **Franklin** c. (Last) **Folk**
 4. DATE OF DEATH (Month) (Day) (Year) **Mar. 10, 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
 8. DATE OF BIRTH **May 10, 1878** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins. **73**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming (Retired)**
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) **Dallas Co., Iowa**
 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Oliver Folk** 13b. MOTHER'S MAIDEN NAME **Mary Rowe** 14. NAME OF HUSBAND OR WIFE **Bertha B. Folk**

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. **one** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. P. F. Folk** ADDRESS **Eldon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CEREBRAL HEMORRHAGE**
 ANTECEDENT CAUSES **HYPERTENSION**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **AGE**
 DUE TO (c) **AGE**
 II. OTHER SIGNIFICANT CONDITIONS:
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 YEARS

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION **331X**
 20. AUTOPSY? YES NO

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) (Minute)
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-1, 1948** to **3-10, 1952**, that I last saw the deceased alive on **3-9, 1952**, and that death occurred at **2:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **A. F. B. [Signature]** DO **Eldon Mo.** 23b. ADDRESS **3-17-1952** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Mar. 12, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Versailles** 24d. LOCATION (City, town, or county) (State) **Versailles, Missouri**

DATE REC'D BY LOCAL REG. **Mar. 12, 52** REGISTRAR'S SIGNATURE **Alvoretta Walt** 25. FUNERAL DIRECTOR'S SIGNATURE **Louis A. Phillips** ADDRESS **Eldon**

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

1661

RECEIVED
MAR 18 1932
MISSOURI BOARD OF HEALTH

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 _____

..... Louis D. Phillips Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address Eldon

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.