

493

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

FILED SEP 10 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 28001

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Carthage, Mo.	c. LENGTH OF STAY (in this place) 36	c. CITY OR TOWN Carthage	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 527 Sycamore		e. STREET ADDRESS (If rural, give location) 527 Sycamore St. 0493	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Oliver c. (Last) Folkes	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 13, 1874	9. AGE (in years last birthday) 79	10. UNDER 1 YEAR Months	11. UNDER 10 HRS. Days	12. UNDER 10 HRS. Hours	13. UNDER 10 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet work	10b. KIND OF BUSINESS OR INDUSTRY cabinet work	11. BIRTHPLACE (City and State or Foreign Country) Randolph, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mathannis C. Folkes	13b. MOTHER'S MAIDEN NAME Charlotte Sickart	14. NAME OF HUSBAND OR WIFE Susan Westerman
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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. None	17. INFORMANT'S SIGNATURE OR NAME Gertrude Folkes, 527 Sycamore	ADDRESS Carthage Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STRANGULATION DUE TO HANGING.		INTERVAL BETWEEN ONSET AND DEATH LESS THAN 1 HR.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	HAD DIABETES MELLITUS AND BLINDNESS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E974K	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BARN AT HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CARTHAGE JASPER MO.
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21d. TIME OF INJURY 8-31-54 10:00 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR HUNG HIMSELF IN HIS OWN BARN
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. ...	(Date or title) 139	23b. ADDRESS First Nat'l Bldg - Joplin Mo	23c. DATE SIGNED 9-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. 9-1-54	REGISTRAR'S SIGNATURE Ernie M. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.	ADDRESS
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APR 7 1955

SEP 9

RECEIVED

Super County Health Office

County File Number 54-9-7

Date Filed SEP 9 1955

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..... Robert H Knell

Licensed Embalmer No. 4450

P. O. Address Carthage

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.