

STANDARD CERTIFICATE OF DEATH

37041

State File No. _____

Dr. Norton

FILED DEC 6 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1071-E

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
 c. LENGTH OF STAY (In this place township) 6 Days
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Greene
 c. CITY OR TOWN Springfield
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 2237 N. National Blvd.

3. NAME OF DECEASED
 (Type or Print)
 a. (First) MARGARET b. (Middle) _____ c. (Last) FOLLIS

4. DATE OF DEATH (Month) (Day) (Year)
November 24, 1954

5. SEX Female
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 27 March 1882

9. AGE (In years last birthday) 72
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 4 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY In Home

11. BIRTHPLACE (City and State or Foreign Country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Hottes

13b. MOTHER'S MAIDEN NAME Symira Jones

14. NAME OF HUSBAND OR WIFE James E. Follis

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. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harold Roper Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of small intestine
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Superior Mesenteric thrombosis
 DUE TO (c) Arteriosclerotic heart disease
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
24 hrs

19a. DATE OF OPERATION 11-21-54

19b. MAJOR FINDINGS OF OPERATION Gangrene of small intestine

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)
Springfield, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 11-16-, 1951, to 11-24-, 1954, that I last saw the deceased alive on 11-21-, 1954, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul C. Norton M.D.

23b. ADDRESS 1630 N. Jefferson Springfield, Missouri

23c. DATE SIGNED 11-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-26-54

24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 12-3-54

REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. B. K. [Signature]*.....
Licensed Embalmer No. 3350

P. O. Address.....

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.