Health, & Welfare Public Service

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FILED FEB 16 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004570
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Parkview at Sunnyslope 3325 S. 11th — Length of stay in Ib: 1 year	d. STREET ADDRESS (If outside, give location): 2847 Mitchell Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Erasmus Middle: Last: Folger

4. DATE OF DEATH: Month: Feb. Day: 7 Year: 1959

5. SEX: male 6. COLOR OR RACE: white 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 8. DATE OF BIRTH: June 16, 1882 9. AGE (In years last birthday): 76 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. farmer 10b. KIND OF BUSINESS OR INDUSTRY: farm 11. BIRTHPLACE (City and state or country): Jasper Co., Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Amon Folger 13b. MOTHER'S MAIDEN NAME: Mary Frances Stout 14. NAME OF HUSBAND OR WIFE: Josephine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: unknown 17. INFORMANT: Mrs. Francis Blackwell, 2847 Mitchell Address: St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchial Pneumonia Bilateral	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Emphysema	2 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5271

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to 1959 and last saw ~~him~~ him alive on 7 Feb 1959. Death occurred at 6:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D. 22b. ADDRESS: St Joseph Mo 22c. DATE SIGNED: 2-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal 23b. DATE: 2/7/1959 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State): Cassville, Mo.

24. FUNERAL DIRECTOR: Heaton-Brumm ADDRESS: St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG.: Feb 7, 1959 26. REGISTRAR'S SIGNATURE: Mrs. Clark Gordell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature on item 18. No symptoms will be listed. All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. P. A. Knepper

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 John V. Henricks Sr.

Licensed Embalmer No. 4848

P. O. Address K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.