

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1960 2

59-046647
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4009 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY ANDREW				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAVANNAH		Length of stay in 1b		c. CITY OR TOWN SAVANNAH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 Davis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 711 Davis		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LEROY Middle FOLLETT Last				4. DATE OF DEATH Month November Day 28 Year 1959									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-8-82		9. AGE (last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired section hand				10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (City and state or country) Savannah, Mo.		12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME E. F. Follett				13b. MOTHER'S MAIDEN NAME Ellen Hibbs				14. NAME OF HUSBAND OR WIFE Ollie Mae Follett					
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. 708-10-1298		17. INFORMANT Address Mrs. Ollie Mae Follett, Savannah							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage										INTERVAL BETWEEN ONSET AND DEATH minutes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial hypertension										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)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 June 26, 1951 to Nov. 28, 1959 and last saw ^{him} alive on Sept. 13, 1959 Death occurred at 4:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) W. B. Maxwell, D.O.						22b. ADDRESS 307 W. Main, Savannah, Mo.				22c. DATE SIGNED 11/11/60			
23a. BURIAL, CREMATION OR REMOVAL (Specify) burial		23b. DATE 12-1-59		23c. NAME OF CEMETERY OR CREMATORY SAVANNAH CEMETERY				23d. LOCATION (City, town, or county) (State) SAVANNAH, MISSOURI					
24. FUNERAL DIRECTOR ADDRESS BREIT & HAWKINS SAVANNAH				25. DATE RECD. BY LOCAL REG. 1-11-60		26. REGISTRAR'S SIGNATURE Lillian Sparks							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OSB 10 11 1968 SA

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 *James B. Hawkins*

Licensed Embalmer No. 4536

P. O. Address Savannah

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.