S. No. 300
. 10.48

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17171

State File No.

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R 7 D
c. LENGTH OF STAY (in this place) 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sarcoxie Twpp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sarcoxie Twpp 0490
d. STREET ADDRESS (If rural, give location) Sarcoxie Mo

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

4. DATE OF DEATH (Month) (Day) (Year) 5-15-50

5. SEX Female
6. COLOR OR RACE wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 30-1896
9. AGE (In years last birthday) 53 | 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Rush, Arkansas
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME Sophia Hall
14. NAME OF HUSBAND OR WIFE John W. Follis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Bud Huddleston, ADDRESS Yellville Ark

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE STAB WOUNDS — INTERVAL BETWEEN ONSET AND DEATH: INSTANT.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) LEFT CHEST

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

E 982X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Sarcoxie **(COUNTY)** Jasper **(STATE)** Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 15, 1950 5 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Killed By Husband.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE O. D. Douglas MD **(Degree or title)** Deputy Coroner
23b. ADDRESS 218 Prince Bldg Joplin Mo
23c. DATE SIGNED 5/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-17-50
24c. NAME OF CEMETERY OR CREMATORY Yellville Cem
24d. LOCATION (City, town, or county) Yellville, Arkansas (State)

DATE REC'D BY LOCAL REG. May 17-50
REGISTRAR'S SIGNATURE L. B. Clinton, M.D. 139
25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Son, Sarcoxie **ADDRESS** Mo

Per. N. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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

0490

RECEIVED 5-23-50
Jasper County Health Office

County File Number 50-4-409

Date Filed 5-23-50

DEC 21 1951

SEP 13 1951

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Wm R Jackson

Signed .....
Student Embalmer

Licensed Embalmer No. 3954

P. O. Address Lancaster 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 this body is not embalmed, fact should be so stated above.