

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17644

State File No.

No. 300
10-48

FILED JUN 6 1952

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4458 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Collins		c. CITY (If outside corporate limits, write RURAL and give township) Collins	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Follin c. (Last) Follin			4. DATE OF DEATH (Month) May , (Day) 11 , (Year) 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Jan, 9, 1916	9. AGE (In years last birthday) 36	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) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Collins Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas J. Follin	13b. MOTHER'S MAIDEN NAME Laura Endicot	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Thomas J. Follin, Collins Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) progressive muscular atrophy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) x DUE TO (c) x		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3560	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1940, to May 11, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at 10 A. M., from the causes and on the date stated above.

23a. SIGNATURE D. E. D. Brown, D.O. (Degree or title)	23b. ADDRESS Collins	23c. DATE SIGNED 5-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/14/1952	24c. NAME OF CEMETERY OR CREMATORY Holsapple	24d. LOCATION (City, town, or county) (State) Collins Missouri
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DATE REC'D BY LOCAL REG. 5-14-52	REGISTRAR'S SIGNATURE J. J. Seavers 288	25. FUNERAL DIRECTOR'S SIGNATURE J. B. ... ADDRESS
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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
Student Embalmer

Signed *J.B. Handrich*

Licensed Embalmer No. *3038*

P. O. Address *Quebec No*

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.