

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032440  
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cainsville 416
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hospital		Length of stay in lb 10 Days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Diadem Gertrude Freel Folkerts			4. DATE OF DEATH Month Day Year September 11, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29 1884
9a. AGE (In years last birthday) 73		9b. UNDER 1 YEAR Months Days	9c. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Varada Nebraska	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Albert Freel		13b. MOTHER'S MAIDEN NAME Elizabeth Foutch	14. NAME OF HUSBAND OR WIFE Lewis J. Folkerts (Deceased)
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. 491-29-4080	17. INFORMANT Address Jaunita Booth RFD Ridgeway, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE RUPTURE OF MYOCARDIUM DUE TO (b) POSTERIOR MYOCARDIAL INFARCTION DUE TO (c) CORONARY THROMBOSIS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Seconds 9 days 9 DAYS.
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 9-3-58 to 9-11-58 and last saw her alive on 9-11-58. Death occurred at 6:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert Ribbe (Degree or title) M. D.		22b. ADDRESS Bethany, Missouri.	22c. DATE SIGNED Sept. 13, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Yankee Ridge	23d. LOCATION (City, town, or country) (State) RFD Ridgeway, Mo. 58
24. FUNERAL DIRECTOR Cainsville, Mo.		25. DATE RECD. BY LOCAL REG. 9-15-1958	26. REGISTRAR'S SIGNATURE Gella Maxey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

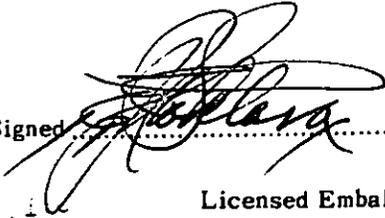
Secretary, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 9 1958

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, *by* Eddie J. Stoklasa, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.