

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

2211

State File No.

FILED FEB 4 1949

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4425 Registrar's No. 18

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morrisville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morrisville</u>	
c. LENGTH OF STAY (In this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>S. W. Park of Morrisville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. W. Park of Morrisville</u>		e. STREET ADDRESS (If rural, give location) <u>S. W. Park of Morrisville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>General</u> c. (Last) <u>Poland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20 1949</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7 1872</u>	9. AGE (In years) last birthday Months <u>76</u> Days <u>6</u> Hours <u>13</u> Mins.
-------------------------	----------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co. Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>James Madison</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Marshall</u>	14. NAME OF HUSBAND OR WIFE <u>Jesse Edward Poland</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, for or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse E. Poland</u>	18. ADDRESS <u>Morrisville</u>
--	--	---	-----------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u> Polk Co. Coroner	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>1/22/49</u>
---	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 23 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morrisville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morrisville Mo</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 24 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Garden</u>	EMERALD DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Bolivar, Mo</u>
--	--	--	-------------------------------

RECEIVED

District Health Officer No. 7.

District No. 1-49-8
Date Filed 2-2-49

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 Willard B. Ewin

Licensed Embalmer No. 3092

P. O. Address Bellevue 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.