

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

**17021**

State File No. ....

No. 300  
10. 48

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u> Registrar's No. <u>183</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Francois</u> TOWN <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>Mos. 26 das</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Cuba</u> TOWN		9	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			d. STREET ADDRESS (If rural, give location) <u>Route 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u>		b. (Middle) <u>F.</u>		c. (Last) <u>POLTER</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 30, 1876</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Polter</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina</u>		
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesentery thrombosis</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Generalized arteriosclerosis.</u>  DUE TO (c) <u>  </u>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Psychosis with cerebral arteriosclerosis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 das.</u>  <u>11500</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 <u>Jan. 24, 1949</u> , to <u>May 20, 1949</u> , that I last saw the deceased alive on <u>May 20, 1949</u> , and that death occurred at <u>5:15 A m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>John A. Bremer M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo. 5-20-49</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zender Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Cuba, Missouri</u>		DATE REC'D BY LOCAL REG. <u>May 27, 1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Shanklin Undertaking Co., Cuba, Missouri</u>		ADDRESS <u>  </u>				

RECEIVED

Health Officer No. 4

Medical File Number 649-736

Date Filed 6-1-49

JUN 2 1949

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.