

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42224  
 State File No. ....

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 449

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>St. Francois</u>	
b. CITY OR TOWN <u>Rivermines</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rivermines</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u> a. (First) <u>KAVIER</u> b. (Middle) c. (Last) <u>POLETE</u>		4. DATE OF DEATH <u>Dec-11-1949</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April-18-1864</u>
9. AGE (In years last birthday) <u>85</u> Months <u>7</u> Days <u>23</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>00</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead</u>	
11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Polete</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Polette</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Pritchett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Polete</u>		ADDRESS <u>Rivermines, Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerotic cardiovascular disease</u> DUE TO (c) <u>chance</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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>June 1, 1949</u> , to <u>Dec 11, 1949</u> , that I last saw the deceased alive on <u>Dec 10, 1949</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Foster</u> (Degree or title) <u>D. M. S.</u>		23b. ADDRESS <u>Desloge, Missouri</u>	
23c. DATE SIGNED <u>12-13-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-13-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 17, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> 289	
25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS</u>		ADDRESS <u>Flat River, Mo</u>	

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

JAN 19 1950

12-27-49  
Office No. 4  
Certificate Number 1249-1694  
Date Filed

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 Murphy L. Sparks

Licensed Embalmer No. 4336

P. O. Address Latimer, 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.