

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20883

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 83

0612
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		0612	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1324 Jackson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>A.</u> c. (Last) <u>Polson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1950</u>	
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>June 7, 1906</u>
9. AGE (In years last birthday) <u>44</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Sales</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William A. Polson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby (Chasteen) Polson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-05-2046</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Polson</u>		ADDRESS <u>Macon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous metastases of abdomen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of testicle</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>8 years</u> <u>178X</u>			
19a. DATE OF OPERATION <u>1943</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of testicle</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <u>Jan 50</u> to <u>June 20 50</u> , that I last saw the deceased alive on <u>June 20, 1950</u> , and that death occurred at <u>1145 1/2 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. L. Hailan M.D.</u>		23b. ADDRESS <u>Clarence Mo</u>	
23c. DATE SIGNED <u>6-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/22/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-7-50</u>		REGISTRAR'S SIGNATURE <u>Wuth McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Steumer</u>		ADDRESS <u>Macon Mo</u>	

RECEIVED 7-10-50
MACON COUNTY HEALTH DEPARTMENT
County File No.7-50-141...
Date Filed7-19-50.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Allen Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon md

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.