

FILED MAR 5 1951
0051

STANDARD CERTIFICATE OF DEATH

State File No. 3715

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

BIRTH NO. 1		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Ozark, Mo		0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monett Mo 504 143rd St.				d. STREET ADDRESS (If rural, give location) No			
3. NAME OF DECEASED a. (First) Nellie		b. (Middle) Corbin		c. (Last) Polly		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1, 1879	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 71	
11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Tom Larkin		13b. MOTHER'S MAIDEN NAME Nancy Jane McClanahan	
14. NAME OF HUSBAND OR WIFE Carl H Polly		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. NO		17. INFORMANT'S SIGNATURE OR NAME Carl H Polly, Ozark, Mo	
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>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 3 days 491X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 2-4-51, 19, to 2-9-51, 19, that I last saw the deceased alive on 2-2-51, 19, and that death occurred at 8 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Frank R. Ken MD				23b. ADDRESS Monett Mo		23c. DATE SIGNED 2-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Highlandville		24d. LOCATION (City, town, or county) (State) Christian Co. Mo	
DATE REC'D BY LOCAL REG. 2-20-51		REGISTRAR'S SIGNATURE W. M. West 12		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Chaffin Ozark Mo			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield.

RECEIVED MAR 2- 1957

Dist. File 357-425-

Date Filed 3-2-57

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 _____

T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Dark 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.