

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17098

FILED MAY 22 1951

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5592		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Rock Township		c. LENGTH OF STAY (In this place) 5 Years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Rock Township 0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Near Imperial Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Martin		b. (Middle) J		c. (Last) Politte		4. DATE OF DEATH (Month) (Day) (Year) May 13 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH June 10 1905		9. AGE (In years last birthday) Months Days 46 11 3	10. IF UNDER 1 YEAR Hours Min. 11 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (State or foreign country) Washington County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Norciss Politte		13b. MOTHER'S MAIDEN NAME Cora Portell		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 49424 7821		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Politte Kimmswick 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Arteriosclerosis 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 4 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4:342	
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 9-15, 1952, to 4-15, 1951, that I last saw the deceased alive on 4-15, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Thos Dobins M.D.				23b. ADDRESS Hillsboro, Mo		23c. DATE SIGNED 5-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 16, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Kimmswick Mo.	
DATE REC'D BY LOCAL REG. 5-19-51		REGISTRAR'S SIGNATURE Ruth Jissa 438		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heiligttag Funeral Home Kimmswick Mo.			

DATE RECEIVED 5-21-51
JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

JUL 12 1951

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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Himmelsich 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.