

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20222

State File No. \_\_\_\_\_

FILED JUL 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5479 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BRIMSON R.F.D. (Taylor)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ROYAL TAYLOR TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>N.E. BRIMSON, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAMILY HOME N.E. BRIMSON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) _____ c. (Last) <u>POLLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>OCT 12, 1883</u>
9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>HARRISON county</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DANIEL POLLEY</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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. _____	
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Vivian Dwyer</u> ADDRESS <u>BRIMSON R.F.D.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</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 <u>4201</u>	
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 8th, 1952</u> , to <u>June 8th, 1952</u> , that I last saw the deceased alive on <u>June 8th, 1952</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver F. Dwyer MD</u>		23b. ADDRESS <u>Trenton MO</u>	
23c. DATE SIGNED <u>June 9th 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ROYAL</u>	24b. DATE <u>June 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHITIS CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy MO.</u>
DATE REC'D BY LOCAL REG. <u>6-10-52</u>	REGISTRAR'S SIGNATURE <u>Erene Zarr</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS-BLACKMORE</u> ADDRESS <u>Trenton, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OF. Du + Y

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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. 454

working under my personal supervision.

Student Harold S. Roberts  
Student Embalmer

Signed J. Gordon Blakemore  
Licensed Embalmer No. 4602

P. O. Address Junior, 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.