

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39912**

FILED DEC 15 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 389

| | | | |
|---|--|--|--|
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doe Run</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u> 0940 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u> </u> | |

| | | | | |
|-------------------------------------|------------------------|---------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Pete</u> | b. (Middle) <u>Joseph</u> | c. (Last) <u>Politte</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-4-1952</u> |
|-------------------------------------|------------------------|---------------------------|--------------------------|--|

| | | | | | | |
|--------------------|-------------------------------|---|-------------------------------------|---|-------------------------------|---------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept-9-1863</u> | 9. AGE (In years last birthday) <u>89</u> | if UNDER 1 YEAR Days <u>2</u> | if UNDER 24 Hrs. Hours <u>25</u> Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|-------------------------------|---------------------------------------|

| | | | |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mimer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|---|--|

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>Abraham Politte</u> | 13b. MOTHER'S MAIDEN NAME <u>Zella LaRose</u> | 14. NAME OF HUSBAND OR WIFE <u>V. Politte</u> |
|---|---|---|

| | | | |
|---|-------------------------------------|---|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>E.S. Politte</u> | ADDRESS <u>Flat River, Mo</u> |
|---|-------------------------------------|---|-------------------------------|

| | | | |
|---|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Occlusion Coronary Artery</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u> <u>Five yr.</u> <u>Five yr.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | |
| | DUE TO (c) <u>Hypertension</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>4-2-01</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 11-26, 1945, to 11-15, 1952, that I last saw the deceased alive on 11-15, 1952, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

| | | |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W.L. Morris, M.D.</u> | 23b. ADDRESS <u>Elvins, Mo.</u> | 23c. DATE SIGNED <u>12-5-52</u> |
|---|---------------------------------|---------------------------------|

| | | | |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec-8-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u> |
|---|-----------------------------|---|---|

| | | | |
|--|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>Dec. 6, 1952</u> | REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u> | ADDRESS <u>Flat River, Mo</u> |
|--|--|--|-------------------------------|

No. 300
10-48

140
1

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

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 W. Murphy Sparks

Licensed Embalmer No. 4229

P. O. Address Flat River 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.