

FILED OCT 27 1954

STANDARD CERTIFICATE OF DEATH

33392
State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No.

0190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Peculiar Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Peculiar Township</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant View Rest Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMERY</u> b. (Middle) <u>J.</u> c. (Last) <u>POLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never mar.</u>	
8. DATE OF BIRTH <u>Feb 1, 1872</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laboer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>DeLAWARE County Ohio</u>			12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>JACOB POLAND</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA Ann (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>50-05-4009</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Flaveet ARCHIE, Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Oedema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Syphilis</u>	
		As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>arteriosclerosis</u>	
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	

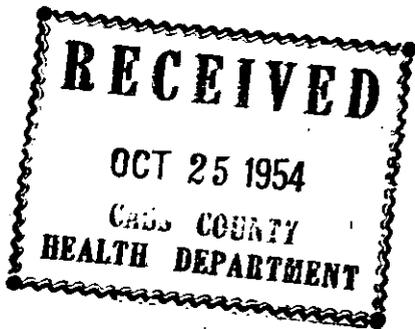
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>447X</u>	
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 Oct 23, 1953 to Oct 20, 1954 that I last saw the deceased alive on Oct 20, 1954, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Zisch, M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrisonville</u>		23c. DATE SIGNED <u>Oct 22 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Everett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Archie Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 21, 1954</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u> 457-D		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson Bros HARRISONVILLE, MO.</u>	
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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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Lanham, 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.