S. No. 300
v. 10-48

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3638

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4535 Registrar's No. 5

1100

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

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mineral Point
c. LENGTH OF STAY (in this place) 25years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN Mineral Point
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1100

3. NAME OF DECEASED (Type or Print)
a. (First) Roussan Polit
b. (Middle) Gilbert
c. (Last) Politte

4. DATE OF DEATH (Month) (Day) (Year) 1- 2-1956

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7-8-1881
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 5 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General labor.ret
10b. KIND OF BUSINESS OR INDUSTRY Tiff Mill
11. BIRTHPLACE (City and State or Foreign Country) Old Mines.Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gilbert Politte
13b. MOTHER'S MAIDEN NAME Theresia DeClue
14. NAME OF HUSBAND OR WIFE Stella Politte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Gillam ADDRESS Frank Clay.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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Coronary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) following hemorrhoid
DUE TO (c) operation 12/5/55

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/15, 1955, *to* 1/2, 1956 *that I last saw the deceased alive on* 1/2, 1956 *and that death occurred at* 6:P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Potosi Mo.
23c. DATE SIGNED 1/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-5-1956
24c. NAME OF CEMETERY OR CREMATORY St James Cemetery
24d. LOCATION (City, town, or county) *Potosi. (State) Mo

DATE REC'D BY LOCAL REG. 1-4-56
REGISTRAR'S SIGNATURE Helen Kendall 403-0
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Potosi.Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 10
WASH. COUNTY HEALTH DEPT.
File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Mary M. Smith

Licensed Embalmer No. 4.3.

P. O. Address Potosi Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.