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 to no symptoms were observed. ATI
 Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
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FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25654

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5652 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greene TWP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Miller Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 5mi west</u>			Length of stay in 1b <u> yrs</u>		d. STREET ADDRESS (If outside, give location) <u>5mi west</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Davis</u> Last <u>Polston</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>4</u> Year <u>1957</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 8 1901</u>		9. AGE (In years last birthday) <u>55</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Dade Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>Charley Polston</u>				14. MOTHER'S MAIDEN NAME <u>Susie E Davis</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>312-14-2802</u>		17. INFORMANT <u>Bessie Polston Miller Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]								INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun Shot wound in head</u>										
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____										
} DUE TO (c) <u>Due to accident</u>								<u>9190</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>19</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Gun accidentally discharged while entangled in bar wire gate</u>							
20c. TIME OF INJURY Hour <u>4</u> a.m. <u>8-4-57</u> p.m.										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			20f. CITY, TOWN, OR LOCATION <u>Greene Twp.</u>		COUNTY <u>Lawrence Mo</u>		STATE	
21. I attended the deceased from <u>after death</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>4:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Edwin Walker (Coroner)</u>				22b. ADDRESS <u>Pierre City Mo</u>		22c. DATE SIGNED <u>8-6-57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 7 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lockwood</u>		23d. LOCATION (City, town, or county) <u>Lockwood Mo</u>		(State)		
24. FUNERAL DIRECTOR <u>W.P. Allison</u>				ADDRESS <u>Greenfield Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-9-57</u>		26. REGISTRAR'S SIGNATURE <u>W.S. Buesney</u>		

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1938

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
Signature of Student Embalmer

Signed *W.R. Allison*

Licensed Embalmer No. *4*

P. O. Address *Greenville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.