

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32673

STATE FILE NUMBER

FILED SEP 25 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Halls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ilasco</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hosp.</u>			Length of stay in lb <u>1 da.</u>	d. STREET ADDRESS (If outside, give location)			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>STEPHEN</u> Middle <u>POLC</u> Last <u>POLC</u>				4. DATE OF DEATH Month <u>9</u> Day <u>15</u> Year <u>57</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Sept. 13, 1878</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cement Co.</u>		11. BIRTHPLACE (City and state or country) <u>Czechoslovakia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Polc</u>				14. MOTHER'S MAIDEN NAME <u>Anna Pauliny</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>490-07-6830</u>		17. INFORMANT Address <u>Mrs. Mary Polc, Ilasco, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u>
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Sept. 14, 1957</u> to <u>Sept. 15, 1957</u> and last saw her/him alive on <u>9-15-57</u> Death occurred at <u>8:15 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr. E. M. Lucke, M.D.</u>				22b. ADDRESS <u>707 Bdwy, Hannibal, Missouri</u>		22c. DATE SIGNED <u>9-17-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-18-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pk.</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Jack Schwanz, Hannibal, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9-19-57</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke, By W. C. Fisher</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED SEP 24 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 24 1957

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 *Jack Stewart*.....
Licensed Embalmer No. 49

P. O. Address *Hamm*.....

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.