

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45349

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bowling Green Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HULE Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 828 Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HERCHEL WEAVER POLKARD First Middle Last		4. DATE OF DEATH Dec 18 1957 Month Day Year	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17 1891
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. AGE (In years (last birthday)) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Pike Co. Mo. U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George J. Polkard	
14. MOTHER'S MAIDEN NAME Mary 1700rk		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. ---		17. INFORMANT Chas E Polkard Bowling Green Mo Address 4201	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) --- DUE TO (c) --- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 10 Min.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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, Year 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 _____ to _____ and last saw her him alive on Dec. 10 57 Death occurred at 2:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. M. Wallace (Degree or title)		22b. ADDRESS Bowling Green Mo.	
22c. DATE SIGNED 12-20-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Dec. 20 1957	
23c. NAME OF CEMETERY OR CREMATORY Bowling Green		23d. LOCATION (City, town, or county) (State) Bowling Green, Mo.	
24. FUNERAL DIRECTOR Grace Bonthead ADDRESS Bowling Green Mo		25. DATE REC'D. BY LOCAL REG. 1/3/58	
26. REGISTRAR'S SIGNATURE Bill Robinson			

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 *Harold Kirk*.....

Licensed Embalmer No. *459*

P. O. Address *Bowling*

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

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