

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH												
FILED APR 14 1961												
Registration District No. <u>348</u> Primary Registration District No. <u>1003</u> Registrar's No. <u>3230</u> -61-011391 STATE FILE NUMBER												
DATE AMENDED	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	a. COUNTY					a. STATE <u>Illinois</u>			b. COUNTY <u>Madison</u>			
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>					Length of stay in 1b			c. CITY OR TOWN <u>Livingston</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>					Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
INSTEAD OF DOCUMENT	3. NAME OF DECEASED (Type or print)			First <u>JOHN</u> Middle <u>NMN</u> Last <u>POLOVICH</u>			4. DATE OF DEATH		Month <u>APRIL</u> Day <u>3</u> Year <u>1961</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>6/28/1899</u>		9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mines</u>			11. BIRTHPLACE (City and state or country) <u>Yugo Slavia</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Frances</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>						17. INFORMANT Address <u>Frances Polovich, Livingston, Ill.</u>						
MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH <u>30 MINUTES</u>	
	IMMEDIATE CAUSE (a) <u>ASPIRATION PNEUMONITIS</u>											
	DUE TO (b) <u>BRONCHOGENIC CARCINOMA, RIGHT UPPER LOBE</u>											
	DUE TO (c) <u>1621</u>											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GASTRIC ULCER WITH UPPER GASTROINTESTINAL HEMORRHAGE</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
SHOULD READ AFFIDAVIT OF	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 a.m. p.m. Month, Day, Year			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>MARCH 28, 1961</u> to <u>APRIL 3, 1961</u> and last saw her/him alive on <u>APRIL 3, 1961</u> Death occurred at <u>7:15 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
	22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>						22b. ADDRESS <u>BARNES HOSPITAL</u>			22c. DATE SIGNED <u>4/4/61</u> (State)		
	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			23b. DATE <u>4-3-61</u>		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) <u>Livingston, Ill.</u>			
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>APR 5 1961</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u> M. D.					

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 _____

Lawrence G. Meacham
Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.