

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032170

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 155 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Cass
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville Length of stay in 1b 36 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 E Pearl St Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 801 E Pearl St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MAX A. POLSON
 4. DATE OF DEATH Month Sept Day 19 Year 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Sept 29 1914 9. AGE (last birthday) 46 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Dry Goods 11. BIRTHPLACE (City and state of country) Canton, Ohio, U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME J C Polson 13b. MOTHER'S MAIDEN NAME Evelyn Painter 14. NAME OF HUSBAND OR WIFE Alice Polson
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW2 17. INFORMANT Ms Evelyn Polson Address Harrisonville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Circulatory Failure
 DUE TO (b) Anoxic Cardiac Arrest
 DUE TO (c) Toxic Depression Central Nervous System
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (Suspect alcohol-barbiturate poisoning induced)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION Harrisonville COUNTY Missouri STATE Mo

21. I attended the deceased from _____ and last saw him alive on _____
 Death occurred at Harrisonville, Missouri about 4:00 AM 9-19-61
 22a. SIGNATURE (Degree or title) W M Chee M.D. 22b. ADDRESS 909 Oggle Bldg. 306 E. 12th St. Kansas City, Mo. 22c. DATE SIGNED 9-20-61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE Sept 22 1961 23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery 23d. LOCATION (City, town, or county) (State) Harrisonville Mo

34. FUNERAL DIRECTOR Wannenburg Harrisonville Mo ADDRESS Harrisonville Mo 25. DATE RECD. BY LOCAL REG. Sept 21-1961 26. REGISTRAR'S SIGNATURE Ms Gray DeBree

DATE AMENDED _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____

OCT 24 1961

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 Frank E. Remmenhagen 3^d

Licensed Embalmer No. 5073

P. O. Address Harrisonville

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.