

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031749

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 322

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

8-30-63

8-30-63

INSTEAD OF

Woodlawn Cemetery

Oakland Cemetery

BY AFFIDAVIT OF

Funeral Director

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

16

487-50-8737

23c

Oakland Cemetery

BY AFFIDAVIT OF

Funeral Director

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

16

23c

Oakland Cemetery

BY AFFIDAVIT OF

Funeral Director

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

16

23c

Oakland Cemetery

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b	c. CITY OR TOWN <u>Jefferson City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1324 St. Mary's Blvd.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN HARRY POLSON</u>		4. DATE OF DEATH Month Day Year <u>August 20, 1963</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>10-24-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Deputy United States Marshall</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Randolph Co., Mo.</u>	9. AGE (last birthday) <u>80</u>
13a. FATHER'S NAME <u>John L. Polson</u>		13b. MOTHER'S MAIDEN NAME <u>Frances A. Durham</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</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>Mrs. Myrtle Polson, 1324 St. Mary's, J.C., Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pain from heart related to</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
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) <u>arteriosclerosis</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
19. WAS AUTOPSY PERFORMED? YES <input 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>1958</u> to <u>Aug 20/63</u> and last saw him <u>live on Aug 20/63</u> Death occurred at <u>2:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dean G. Dayley M.D.</u>		22b. ADDRESS <u>Jefferson City</u>	22c. DATE SIGNED <u>8-20-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 22, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Buescher Memorial, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>21 August 1963</u>	26. REGISTRAR'S SIGNATURE <u>Norma E. Richter</u>

SEP 10 1963

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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 Thomas M. Norton

Licensed Embalmer No. 4125

P. O. Address Levin, Mo.

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.