

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044792

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 45

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 2 1963

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>0720</u>	INSTEAD OF	DOCUMENT
2 <u>0720</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	BY AFFIDAVIT OF
3 <u>2</u>	SHOULD READ	
4 <u>3</u>	ITEM NO.	
5 <u>0</u>	SHOULD READ	
6	SHOULD READ	
7 <u>0</u>	SHOULD READ	
8 <u>0</u>	SHOULD READ	
9 <u>756.0</u>	SHOULD READ	
10	SHOULD READ	
11	SHOULD READ	
12 <u>90-2</u>	SHOULD READ	
13 <u>40</u>	SHOULD READ	

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marston</u>		c. CITY OR TOWN <u>Marston</u>	
Length of stay in 1b <u>1 week</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Tammie Lee Polk</u>			4. DATE OF DEATH Month Day Year <u>November 18 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-6-63</u>
9. AGE (last birthday) <u>12</u>		IF UNDER 1 YEAR Months Days <u>12</u>	IF UNDER 24 HR Hours Min. <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Oscar Polk</u>	
13b. MOTHER'S MAIDEN NAME <u>Theresia Robinson</u>		14. NAME OF HUSBAND OR WIFE	
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.	
17. INFORMANT <u>Oscar Polk-Marston, Missouri</u>		Address	
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>Marasmus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cyloxic Stenosis</u>			<u>6 days</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) <u>8 month Pregnancy</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 checked="" 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.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>11-17-63</u> to <u>11-18-63</u> and last saw her alive on <u>11-17-63</u> Death occurred at <u>8: 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>J. O. Cameron M.D.</u>		22b. ADDRESS <u>Lilbourn, Mo</u>	
22c. DATE SIGNED <u>11-18-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-18-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Simmons Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Catron, Mo.</u>	
24. FUNERAL DIRECTOR <u>Ponder Funeral Home-Lilbourn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-18-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Charles Simpson by H. F. Ponder</u>			

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 Homer L. Ponder

Licensed Embalmer No. 3367

P.O. Address Filbourn, MO

Not Embalmed

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.