

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 63-047319

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 140

<b>FILED JAN 3 1964</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Carroll</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carrollton</b>	a. STATE <b>Missouri</b> COUNTY <b>Carroll</b>
Length of stay in 1b <b>2 years</b>	c. CITY OR TOWN <b>Carrollton</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Carroll county Memorial Hospital</b>	d. STREET ADDRESS (If outside, give location) <b>Lancaster Rest Home</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <b>Julia</b> Middle <b>Ann</b> Last <b>Polson</b>	4. DATE OF DEATH Month <b>Dec.</b> Day <b>23</b> , Year <b>1963</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-1-1870</b>
9. AGE (last birthday) <b>93</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>
11. BIRTHPLACE (City and state or country) <b>Robinson, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Edwin Ball</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Dobbins</b>
14. NAME OF HUSBAND OR WIFE <b>Arthur N. Polson</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>
16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Iva Panney, Bosworth, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>1- C.V.A. with partial paralysis of muscles of swallowing &amp; Speech</b>	
DUE TO (b) <b>2- Pyelonephritis, acute, severe.</b>	
DUE TO (c) <b>3- Arteriosclerotic Heart Disease.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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. 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 <b>12-15-63</b> to <b>12-23-63</b> and last saw her alive on <b>12-23-63</b>	
Death occurred at <b>11:35 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>John H. Platz, M.D.</b>	22b. ADDRESS <b>Carrollton, Missouri</b>
22c. DATE SIGNED <b>12-24-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-26-1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Dewitt, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>GIBSON FUNERAL HOME, CARROLLTON, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>12-26-63</b>
26. REGISTRAR'S SIGNATURE <b>Mary Sean</b>	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300 Rev. 4/59

10171

20170

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4 1

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94200

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125-0

13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.