

FILED JUN 2 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16586

BIRTH NO. 724 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>202 Kelly St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 Kelly St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cyprian</u> b. (Middle) <u>-</u> c. (Last) <u>Polete</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 6, 1868</u>
9. AGE (In years last birthday) <u>81</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Flour mill</u>	11. BIRTHPLACE (State or foreign country) <u>Mine La Motte, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>retired diesel engineer</u>			
13a. FATHER'S NAME <u>John Baptiste Polete</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Maggie Polete</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>492-16-7703</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Polete</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 2, 1948</u> , to <u>May 16, 1949</u> , that I last saw the deceased alive on <u>May 15, 1949</u> , and that death occurred at <u>7:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. W. DeLeyne D.O.</u>		23b. ADDRESS <u>Fredericktown Mo</u>	
23c. DATE SIGNED <u>5/18/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/19/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Methodist cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-20-1949</u>		REGISTRAR'S SIGNATURE <u>Flourance Hicks</u> 1870	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u>		ADDRESS <u>Fredericktown</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10.48

RECEIVED

Health Officer No. 4
File Number 649-742
Date Filed 6-1-49

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.

Signed Edward G. Lehmann, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4567

P. O. Address Fredericktown, Md.

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 this body is not embalmed, fact should be so stated above.