

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38215

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 3052	Registrar's No. 371
1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>909 SO. OHIO</b>		d. STREET ADDRESS (If rural, give location) <b>909 SO. OHIO</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>L.</b> b. (Middle) <b>GEORGE</b> c. (Last) <b>POLAND</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5, 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 19, 1870</b>	9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo-Pac R.R. Co</b>	11. BIRTHPLACE (State or foreign country) <b>Newton Co., Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Robert F. Poland</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Gibson</b>	14. NAME OF HUSBAND OR WIFE <b>Fannie Poland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Span. Amer. War</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Geo. Poland, 909 So Ohio, Sedalia, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, chronic. To me April, 25, 1949.</b> ANTECEDENT CAUSES <b>Coronary thrombosis.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Senile changes.</b> II. OTHER SIGNIFICANT CONDITIONS <b>Hypotension. Bradycardia.</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>4222</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No operation.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Neither.</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>No injury.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>XXXX</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>No injury.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>No injury.</b>		
22. I hereby certify that I attended the deceased from <b>April, 25, 1949</b> , to <b>Nov. 5, 1949</b> , that I last saw the deceased alive on <b>Nov. 5, 1949</b> , and that death occurred at <b>11:35P m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>B. Prader, M.D.</b>		23b. ADDRESS <b>112 West 4th Street, Sedalia, Mo.</b>	23c. DATE SIGNED <b>Nov. 7, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 8, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-8-49</b>	REGISTRAR'S SIGNATURE <b>Betty Yeager Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Will Heckart</b>	ADDRESS <b>Sedalia, Mo</b>	

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

80  
M. Prader

REGISTERED NOV 14  
District Health Officer No. 8,  
District File Number  
Date Filed 11-15-49

NOV 16 1949

**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 .....  
Student Embalmer

Signed Frank S. Coffman Jr

Licensed Embalmer No. 45569

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.