

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12629**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **412**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, 1396</b>	
c. LENGTH OF STAY (In this place) <b>19 years</b>		d. STREET ADDRESS (If rural, give location) <b>1006 S. Fort</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1006 S. Fort</b>		d. STREET ADDRESS (If rural, give location) <b>1006 S. Fort</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Frances</b> c. (Last) <b>Polson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 29, 1950</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 20, 1864</b>	9. AGE (In years last birthday) <b>85</b>	10. UNDER 1 YEAR Months <b>6</b> Days <b>9</b>	11. UNDER 1 HRS. Hours <b></b> Min. <b></b>
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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>In Home</b>	11. BIRTHPLACE (State or foreign country) <b>Cerra Gorda, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Orvin Wartenbee, 1006 S. Fort, Springfield, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon</b>		DUE TO (b) _____		<b>7</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis heart disease &amp; congestive failure.</b>				<b>15.3X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4/23, 1950**, to **4/29, 1950**, that I last saw the deceased alive on **4/28, 1950**, and that death occurred at **11P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Glenn O. T. Over, M.D.</b>	23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>5/1/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 1, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-2-50</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Dorman Schaefer</b> ADDRESS <b>Funeral Home Springfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed *Lewis G. Schartz* .....

Licensed Embalmer No. *3802* .....

P. O. Address *Springfield* .....

**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.