

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17914

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 191	
1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>			
b. CITY OR TOWN <i>Boone Terre</i>		c. LENGTH OF STAY (in this place) <i>5 hrs.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Elvins</i>		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Boone Terre Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Burdett</i> b. (Middle) <i>A.</i> c. (Last) <i>Polk</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 16, 1950</i>				
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 26, 1927</i>		9. AGE (In years last birthday) <i>23</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>20</i>	IF UNDER 4 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mining</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>lead</i>		11. BIRTHPLACE (State or foreign country) <i>Elvins, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Marvin Polk</i>		13b. MOTHER'S MAIDEN NAME <i>Jewel Gibson</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Lou Polk</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give year or dates of service) <i>World War II</i>		16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mary Lou Polk</i> ADDRESS <i>Elvins, Mo.</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Injury Verdict: due to skull fracture caused by falling rock in an unmaneuverable accident.</i> ANTECEDENT CAUSES (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i></i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Skull Fracture</i>					INTERVAL BETWEEN ONSET AND DEATH <i>90 1103</i> <i>4</i>	
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) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>St. Joseph Lead Mine</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Leadwood St. Francois Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>May 16 1950 1:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>falling rock in mine shaft.</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Bert G Miller</i>				23b. ADDRESS <i>Booner Farmington, Mo.</i>		23c. DATE SIGNED <i>5/17/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 18, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Francois Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>Boone Terre, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>June 1, 1950</i>		REGISTRAR'S SIGNATURE <i>Ether Rudloff</i> 289		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Raymond Caldwell, Plattway, Mo.</i>			

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

APR 17 1951

SEP 15 1950

SEP 7

SEP 7

JUL 27 1954

650-2766

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.