No. 300
10-48

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27868

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 204

1883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 517 W Rollins

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0883
d. STREET ADDRESS (If rural, give location) 517 W. Rollins

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) H c. (Last) Polson

4. DATE OF DEATH (Month) Aug (Day) 14th (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH May 5th 1864
9. AGE (In years last birthday) 86 | If under 1 year: Months 3 Days 9 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Athome
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Thomas B. Owen
13b. MOTHER'S MAIDEN NAME Susan Ferguson
14. NAME OF HUSBAND OR WIFE R H Polson. Moberly Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME R. H Polson **ADDRESS** Moberly Mo

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) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

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19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1945, to Aug 14, 1950 that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 11.45 m., from the causes and on the date stated above.*

23a. SIGNATURE F. L. McCormick. (Degree or title) M.D.
23b. ADDRESS Moberly Mo
23c. DATE SIGNED 8-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 16th 1950
24c. NAME OF CEMETERY OR CREMATORY Grand Prairie
24d. LOCATION (City, town, or county) (State) Cairo. Mo

DATE REC'D BY LOCAL REG. Aug 16-50
REGISTRAR'S SIGNATURE Leah William Lowe 26%
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son **ADDRESS** Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

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Date Received: AUG 22 1950
DISTRICT HEALTH OFFICE #2
District File Number
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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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Frank DeWitt

Signed _____
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.