

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32128

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3064</u>		Registrar's No. <u>2332</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>Carlisle</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. LENGTH OF STAY (In this place) <u>Unk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bardwell</u>		<u>8160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>450 Warford</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>V.</u> c. (Last) <u>Polizick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 24, 1892</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bardwell, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Valandingham</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Louis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Polizick, 450 Warford Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Carcinoma of Uterus</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. <u>117 KX</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 mos.</u>
19a. DATE OF OPERATION <u>1-28-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of uterus at Bernard Skin + Cancer Hosp.</u>						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)		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>9-25</u> , 19 <u>50</u> , to <u>9-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>50</u> , and that death occurred at <u>8⁴⁵</u> P.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. D. Johnson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ferguson, Mo.</u>		23c. DATE SIGNED <u>9-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Bardwell, Ky.</u>			
DATE REC'D BY LOCAL REG. <u>9-29-50</u>		REGISTRAR'S SIGNATURE <u>H. R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

09-01 AON

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.....

William S. Lefler

Signed.....
Student Embalmer

Licensed Embalmer No.

4699

P. O. Address.....

W. S. Lefler, Jr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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