

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 170

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly
c. LENGTH OF STAY (In this place) OR TOWN 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCormick Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly
d. STREET ADDRESS (If rural, give location) 102 Hinton Ave.

3. NAME OF DECEASED
a. (First) Nannie b. (Middle) _____ c. (Last) Polston

4. DATE OF DEATH (Month) (Day) (Year)
July 19 1951

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 31, 1868

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 82 11 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Kirks

13b. MOTHER'S MAIDEN NAME Nancy Haislip

14. NAME OF HUSBAND OR WIFE Jesse Polston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Philliber, 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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Degeneration
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sensitility
DUE TO (c) Brain concussion
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E 9020 21

INTERVAL BETWEEN ONSET AND DEATH 2 wks
7/1/51

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 127

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Randolph Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1 1951 2:30 P.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Fell down stairs & right striking head.

22. I hereby certify that I attended the deceased from 7/1, 1951, to 7/19, 1951, that I last saw the deceased alive on 7/19, 1951, and that death occurred at 1:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Levin S. Jolly M.D.

23b. ADDRESS 203 1/2 N. Clark Moberly

23c. DATE SIGNED 7/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 22nd 1951

24c. NAME OF CEMETERY OR CREMATORY Oakland

24d. LOCATION (City, town, or county) (State) Moberly Mo.

DATE REC'D BY LOCAL REG. 7-22-51

REGISTRAR'S SIGNATURE Leah Buchanan

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moham and Son Moberly Mo

No. 300
10.48

83
0

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

Date Received: JUL 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1309
Date Filed: JUL 23 1951

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 D. BeWitt

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.