

APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15395

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 69

1082

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 No. Cedar		d. STREET ADDRESS (If rural, give location) 402 No. Cedar	

3. NAME OF DECEASED (Type or Print) a. (First) Polly b. (Middle) none c. (Last) Main			4. DATE OF DEATH (Month) (Day) (Year) Apr. 17 52		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 21, 1860		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days 3 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Potsdam, New York	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Abijah Austin		13b. MOTHER'S MAIDEN NAME Diantha Ford		14. NAME OF HUSBAND OR WIFE John L. Main	
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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) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nettie Johnson (daughter) Hume, Missouri	
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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		INTERVAL BETWEEN ONSET AND DEATH Jan 1952
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (Min.)		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 **Apr 19 1946** to **Apr 17 1962**, that I last saw the deceased alive on **Apr 17 1952**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Allen M.D.		23b. ADDRESS Hume Mo		23c. DATE SIGNED Apr 19-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 20 Apr. 52		24c. NAME OF CEMETERY OR CREMATORY Lawrence Cemetery	
				24d. LOCATION (City, town, or county) (State) Hume, Missouri	

DATE REC'D BY LOCAL REG. 4-22-52		REGISTRAR'S SIGNATURE Anna E. Ferry 451		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl's Memorial Home Fort Scott, Kansas	
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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.

Signed *[Handwritten Signature]*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2080

P. O. Address Box 283, Ft. Scott, Kans

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.