

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1954

State File No. _____

No. 300
10.48

FILED JAN 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>1601</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Festus Joachim-Rural</u>		c. LENGTH OF STAY (In this place) <u>18 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2157</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4344 Oregon</u>					
3. NAME OF DECEASED a. (First) <u>Rome</u>			b. (Middle) _____		c. (Last) <u>Polete</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 53</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>M</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7/28/1869</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Train Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Old Mines Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Antone POLETE</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Degonia</u>			14. NAME OF HUSBAND OR WIFE <u>Alice Deceased</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>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Simmons 4344K Oregon</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Few Min. only several years.</u>	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>					
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>July 30, 1951</u> , to <u>Jan 1, 1953</u> , that I last saw the deceased alive on <u>12-29, 1952</u> , and that death occurred at <u>10:10am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. H. D. Simons</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crystal City Mo.</u>		23c. DATE SIGNED <u>1-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dr 36Ta. Jeff. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 2, 1953</u>		REGISTRAR'S SIGNATURE <u>Genevieve R. Polette</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schumacher Fun. Home 3013 Meramec</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

500
4

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JAN 10 1953

JAN 23 1953

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 _____

Jack Haupt

Licensed Embalmer No. *4746*

P. O. Address *St Louis 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.