

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*M. Cartney*  
State File No. **5583**

FILED FEB 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5482 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Adams</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Adams</u> 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Bethany 7 miles N.E.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cordella</u>	b. (Middle) <u>Destemona</u>	c. (Last) <u>Polley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>8-25-1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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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 <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Geo. Shepherd</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Duneagan</u>	14. NAME OF HUSBAND OR WIFE <u>Albert R. Polley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harlan Long</u>	ADDRESS <u>Bethany, Mo.</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHO-PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>  <u>48 Hrs.</u>  <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL Apoplexy.</u>		
	DUE TO (c) <u>CARDIO-VASCULAR Renal Disease</u>		
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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 9-18, 1951, to 2-17, 1953, that I last saw the deceased alive on 2-17, 1953, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Cartney</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>BETHANY, Missouri</u>	23c. DATE SIGNED <u>2/19/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Foster</u>	24d. LOCATION (City, town, or county) (State) <u>New Hampton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-19-53</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Cartney</u>	ADDRESS <u>Bethany, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*W B Haas*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3899*

P. O. Address *Bethany Mo.*

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.