FILED JUN 27 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23720

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6257 Registrar's No. 4

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Patterson 1110
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Martin
c. (Last): Polk

4. DATE OF DEATH (Month) (Day) (Year): June 11, 53

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/27/1874
9. AGE (In years last birthday): 79 — If under 1 year: Months 3, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): music teacher
10b. KIND OF BUSINESS OR INDUSTRY: piano
11. BIRTHPLACE (City and State or Foreign Country): Iron County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Fletcher Martin
13b. MOTHER'S MAIDEN NAME: Emily Franks
14. NAME OF HUSBAND OR WIFE: Thomas Madden Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert F. Polk, Piedmont, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fugate Dilatation Heart — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): My condition — D.K.
DUE TO (c):

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: 4222
20. AUTOPSY? YES ☐ NO ☐

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): Patterson Wayne Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12-, 1953, *to* 6-12-, 1953, *that I last saw the deceased alive on* 6-11-, 1953, *and that death occurred at* 2:15 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. E. Tomy M.D.
23b. ADDRESS: Piedmont Mo
23c. DATE SIGNED: 6-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13/53
24c. NAME OF CEMETERY OR CREMATORY: Patterson Cemetery
24d. LOCATION (City, town, or county) (State): Patterson, Missouri

DATE REC'D BY LOCAL REG.: June 22, 1953
REGISTRAR'S SIGNATURE: Hazel Ward 460
25. FUNERAL DIRECTOR'S SIGNATURE: William Coder
ADDRESS: Piedmont Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 25 1953
WAYNE CO. HEALTH CENTER
FILE No. 653-30

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 Tozier Funeral Home Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed William Cooper

Licensed Embalmer No. 3723

P. O. Address Piedmont, M

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.