

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36287

7/4/19
FILED NOV 12 1953

State File No. 36287
REGISTRY'S NO. 1034499

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (If in hospital, institution, or residence before admission) a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) Joplin		b. COUNTY Jasper
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			d. STREET ADDRESS (If rural, give location) 1215 N. Florida		
3. NAME OF DECEASED (Type or Print) a. (First) STEVEN		b. (Middle) JAY		c. (Last) POLEN	
4. DATE OF DEATH (Month) (Day) (Year) November 2, 1953					
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 27, 1953	9. AGE (In years last birthday) 0	10. IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None (Infant)		11. BIRTHPLACE (State or foreign country) Webb City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Billy Jay Polen		13b. MOTHER'S MAIDEN NAME Bonnie Fredrick		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Billy Jay Polen Joplin, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema INTERVAL BETWEEN ONSET AND DEATH 7 Days *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 7600			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10:10-28, 1953, to 11:22, 1953, that I last saw the deceased alive on 11-2, 1953 and that death occurred at 12:55 AM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. W. Foltz 2 D.O.			23b. ADDRESS 106 S. Main St. Webb City, Mo.		23c. DATE SIGNED 11-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri
DATE REC'D BY LOCAL REG. 11-3-53		REGISTRAR'S SIGNATURE 474 Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hedge Lewis Webb City, Missouri	

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

RECEIVED NOV 9 1953

Jasper County Health Office

County File Number 53-11-899

Date Filed NOV 9 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 Richard Gray Lewis

Licensed Embalmer No. 4445

P. O. Address Wichita City 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.