

FILED FEB 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 5852 Registrar's No. 42

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 446a

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE Missouri b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELUINS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELUINS	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) LESLIE	b. (Middle) E.	c. (Last) Politte	FEB. 5, 1954		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 12, 1907	9. AGE (In years last birthday) 46	10. 5 11. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Old Mines, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Washington Politte	13b. MOTHER'S MAIDEN NAME JENNIE ROSS	14. NAME OF HUSBAND OR WIFE NONE
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2 June 1942 to Aug. 9, 1945	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anne Dora Elvins, Mo.	ADDRESS
---	-------------------------------------	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcer of stomach		
	ANTECEDENT CAUSES Morbidity 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 151 X	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) (Minute)	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 **Sept. 1953**, to **Feb. 5, 1954**, that I last saw the deceased alive on **Feb. 5, 1954**, and that death occurred at **9:22 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. G. Bond M.D.	23b. ADDRESS Flat River, Mo.	23c. DATE SIGNED 2-7-54
---	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEM.	24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. Feb. 7, 1954	REGISTRAR'S SIGNATURE Ethel G. Gledhill	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell	ADDRESS Flat River, Mo.
--	--	--	--------------------------------

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

111 40

F

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.