

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17889

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5100 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Rural, West Boone</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Rural, West Boone</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. S. Drexel, Mo.</u> <small>(If not in hospital or institution, give street address or location)</small>		d. STREET ADDRESS <u>2 mi. S. Drexel, Mo.</u> <small>(If rural, give location)</small>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Detherre</u>		b. (Middle) <u>Polter</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>7-5-54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 14, 1885</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u>  </u> Mins. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Mint Polter</u>	
13b. MOTHER'S MAIDEN NAME <u>Hemka Newman</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Polter</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Polter</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		17. ADDRESS <u>Merwin, Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile arteriosclerosis</u>		DUE TO (c) <u>5-6 yrs</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"/>
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) (Min.)	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>6/25/1954</u> to <u>7/5/1954</u> that I last saw the deceased alive on <u>7/5/1954</u> , and that death occurred at <u>8:10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed Marsh D.O.</u>		23b. ADDRESS <u>Drexel, Mo.</u>	23c. DATE SIGNED <u>7/5/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cass County Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-6-54</u>	REGISTRAR'S SIGNATURE <u>L. E. Troupe</u>	488	25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer &amp; Mangold, Amstedam, Mo.</u>

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 \_\_\_\_\_

*Robert L. Mangold*

Student Embalmer No. 504

working under my personal supervision.

Student *Robert L. Mangold*  
Student Embalmer

Signed

*Ward B. Kuyper*

Licensed Embalmer No. 3222

P. O. Address Louisburg, Kansas

**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.