

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26240**

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5100 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - W. Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - W. Boone	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) 2 mi. S. Drexel, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. S. Drexel, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Amy b. (Middle) Mettie c. (Last) Polter			4. DATE OF DEATH (Month) (Day) (Year) 8 4 54		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-9-1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 11 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME John R. Shearer	13b. MOTHER'S MAIDEN NAME Ada M. Potts	14. NAME OF HUSBAND OR WIFE none
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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 Raymond Polter Merwin, Mo.	ADDRESS
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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, asthma, 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) AURICULAR FIBRILLATION		2-3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Cerebrovascular collapse DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis		7-8 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 1/15/52, 1952, to 8/4/54, 1954, that I last saw the deceased alive on 8/4/54, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Marsh, D.O.	23b. ADDRESS Drexel, Mo.	23c. DATE SIGNED 8/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-54	24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	24d. LOCATION (City, town, or county) (State) Drexel Mo.
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DATE REC'D BY LOCAL REG. 8-6-54	REGISTRAR'S SIGNATURE L. E. Brown	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold, Amsterdam, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Walter B. Ruyter*

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.