

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**34349**

**FILED OCT 18 1954**

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>199</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>6 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>1235 James St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1235 James St.</u>				d. STREET ADDRESS (If rural, give location) <u>1235 James St</u>					
3. NAME OF DECEASED (Type or Print) <u>FLORA</u>			a. (First)		b. (Middle)		c. (Last) <u>POLLEY</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>1-28-1867</u>	
9. AGE (In years last birthday) <u>87</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>C. W. Frazier</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Plummer</u>			14. NAME OF HUSBAND OR WIFE <u>D. S. Polley</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Polley, Carthage, Mo</u>				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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>						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>Sept. 18, 1954</u> , to <u>Sept. 28, 1954</u> , that I last saw the deceased alive on <u>Sept. 18, 1954</u> , and that death occurred at <u>12:05 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard R. Coble M.D.</u>				23b. ADDRESS <u>1246 Grand, Carthage Mo</u>			23c. DATE SIGNED <u>10-5-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-30-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>3 m. S.W. Jarvis Spg., Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-6-54</u>		REGISTRAR'S SIGNATURE <u>E. M. Clayton</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rev. P. Long, Jarvis Spg., Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wm. P. Long*

Licensed Embalmer No. 3718

P. O. Address *Jerico Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.