

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38462

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3057 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		STREET ADDRESS (If rural, give location) 0441 0			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) John	b. (Middle) William	c. (Last) Polston	(Month) Nov	(Day) 9	(Year) 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 15	IF UNDER 24 HRS. Hours 10	IF UNDER 24 HRS. Min. 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Francois, Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Polston	13b. MOTHER'S MAIDEN NAME Jennie Cunningham	14. NAME OF HUSBAND OR WIFE Nellie Petrie Polston
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-01-0023	17. INFORMANT'S SIGNATURE OR NAME Nellie Petrie Polston	ADDRESS Farmington
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		10 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension	
		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 None	19b. MAJOR FINDINGS OF OPERATION 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 8, 1954**, to **Nov 9, 1954**, that I last saw the deceased alive on **Nov 9, 1954**, and that death occurred at **2:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alvan G. Karraker M.D.	23b. ADDRESS 301 W. Liberty Farmington Mo.	23c. DATE SIGNED NOV 12 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Three Rivers Cem.	24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
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DATE REC'D BY LOCAL REG. Nov. 13, 1954	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Cozean	ADDRESS Farmington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

b. 300
c. 48

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 408

P. O. Address *San Francisco*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.