

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1257

310

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Russell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in place) <u>37 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gorham</u>		P. 158			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>Paul</u> c. (Last) <u>Polcyn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 23 1955</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 21 - 1898</u>			
9. AGE (In years last birthday) <u>56</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer and stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Nicholas Polcyn</u>		13b. MOTHER'S MAIDEN NAME <u>Sadowski</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Polcyn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Polcyn</u>		ADDRESS <u>Gorham Kansas</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE TO (b) <u>Arteriosclerosis, severe, generalized</u>				<u>20 yrs</u>	
DUPLICATE TO (c)								<u>4117</u>	
19a. DATE OF OPERATION <u>1-22-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Severe aortic regurgitation, enlarged heart, arteriosclerosis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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 <u>17 Dec.</u> , 19 <u>54</u> , to <u>1-22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>55</u> , and that death occurred at <u>1:58 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Mayer Jr.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>618 Pop Bldg KC Mo</u>		23c. DATE SIGNED <u>1-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Gorham Kansas</u>			
DATE REC'D BY LOCAL REG. <u>1-23-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reines Bros</u> ADDRESS <u>11 Russell Kansas</u>					

(Licensed Embalmer's Statement on Reverse Side)

via Sidman Mortuary Service Co.

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

MAR 31 1955

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

John R. Sidman

Licensed Embalmer No.

4531

P. O. Address

Kansas City, 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.