0.300
0.48

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3693

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Township
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital 3 Nevada Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Vernon
c. CITY OR TOWN: Washington Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): State Hospital 3 Nevada Mo 1080

3. NAME OF DECEASED (Type or Print)
a. (First) RALPH - b. (Middle) PETERSON - c. (Last) POLAND

4. DATE OF DEATH (Month) (Day) (Year): Jan 21, 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 10, 1891
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 8 Days 11 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed State Hospital 3
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Vernon County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ben Poland
13b. MOTHER'S MAIDEN NAME: Rena Logan
14. NAME OF HUSBAND OR WIFE: Ella Dooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 492-36-1517
17. INFORMANT'S SIGNATURE OR NAME: Wayne Poland son — **ADDRESS**: 2254 South Karson Wichita Kansas

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c) — 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: none 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1955, *to* Jan 21, 1955, *that I last saw the deceased alive on* Jan 21, 1955, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul L. Barone MD
23b. ADDRESS: State Hospital Nevada Mo
23c. DATE SIGNED: Jan 26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 25
24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
24d. LOCATION (City, town, or county) (State): Nevada, Missouri

DATE REC'D BY LOCAL REG.: 1-25-'55
REGISTRAR'S SIGNATURE: Annal E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Allen T. Hays, Nevada, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. H. Marmaduke

Licensed Embalmer No. 207

P. O. Address Nevada,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.