

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 868

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 78

1. PLACE OF DEATH  
a. COUNTY Dunklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY New Madrid

b. CITY (If outside corporate limits, write RURAL and give township) Kennett c. LENGTH OF STAY (If this place) 1 day

c. CITY OR TOWN Gideon d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hosp. e. STREET ADDRESS (If rural, give location) 0726

3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) Edward c. (Last) Polsgrove 4. DATE OF DEATH (Month) (Day) (Year) 1 10 1956

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-29-1911 9. AGE (In years last birthday) (If UNDER 1 YEAR: Months) (Days) (Year) 44 IF UNDER 1 YEAR: Hours Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Piggott, Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Polsgrove

13b. MOTHER'S MAIDEN NAME Edna Cobb

14. NAME OF HUSBAND OR WIFE Pauline Polsgrove

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. 365-01-1964

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Polsgrove Gideon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Perforated Peptic Ulcer INTERVAL BETWEEN ONSET AND DEATH 2 days  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Gastric ulcer.  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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 \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 5401 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 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 1-9, 1956, to 1-10, 1956 that I last saw the deceased alive on 1-10, 1956 and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chester R. Beck M.D. 23b. ADDRESS Kennett, Mo 23c. DATE SIGNED Feb 2, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-13-1956 24c. NAME OF CEMETERY OR CREMATORY New Malden 24d. LOCATION (City, town, or county) (State) Malden, Missouri

DATE REC'D BY LOCAL REG Feb 3-1956 REGISTRAR'S SIGNATURE Earl Hubbard 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell Piggott, Ark.

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-6-56

256-4

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 *Lloyd Russell*

Licensed Embalmer No. 509

P. O. Address *Deerfield, Ill.*

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.