

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30262

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 56-63

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Mo</u>		c. LENGTH OF STAY (in this place) <u>2</u> yrs	c. CITY OR TOWN <u>Lockwood Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		STREET ADDRESS (If rural, give location) <u>5th &amp; Main St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flossie</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Polston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 23 1891</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edward L. Lasater</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida Lasater</u>		14. NAME OF HUSBAND OR WIFE <u>Henry A Polston</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Daniels Lockwood Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suspicion of malignancy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>not known</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>only saw her but one time &amp; they gave her no treatment</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1999</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)	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 21, 1956</u> , to <u>9-29-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Sept 21-</u> , 1956, and that death occurred at <u>1:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Combs</u>		23b. ADDRESS <u>Lockwood Mo.</u>	23c. DATE SIGNED <u>10-8-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Collins</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>
DATE REC'D BY LOCAL REG. <u>10-8-56</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. R. Allison Greenfield Mo.</u>	

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

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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 *W.R. Allison*.....

Licensed Embalmer No. *4403*

P. O. Address *Greentown*

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.