

Health,
Affairs
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30556

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Ironton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fredericktown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys of The Ozarks</u>			Length of stay in lb <u>1 day</u>	d. STREET (If outside, give location) ADDRESS <u>300 West College</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Clinton</u> Last <u>Polete</u>				4. DATE OF DEATH Month <u>9</u> Day <u>23</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 12, 1908</u>		9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Fredericktown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Edward Polete</u>				14. MOTHER'S MAIDEN NAME <u>Augusta Sachse</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>495-14-0392</u>		17. INFORMANT Address <u>Mrs Augusta Polete, Fredericktown.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>fractured skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>internal injuries</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Car collision on Highway #67 6miles So. Frederickto</u>				
20c. TIME OF INJURY Hour <u>12/05</u> a. m. p. m. Month, Day, Year <u>9 22 56</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway #67</u>		20f. CITY-TOWN, OR LOCATION <u>Rural</u>		COUNTY <u>Madison</u>		STATE <u>Mo</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>4:30/a.m. 9/23/56</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. A. Howell</u> Coroner <u>3</u>				22b. ADDRESS <u>Ironton, Mo.</u>		22c. DATE SIGNED <u>9/24/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>9-25-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Fredericktown, Missouri</u>		
24. FUNERAL DIRECTOR <u>Najim Funeral Home,</u> ADDRESS <u>Fredericktown, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Sept. 25, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Avis Jones</u>		

(Licensed Embalmer's Statement on Reverse Side)

1280

OCT 3 1961

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 *Lawrence O. Geisinger*.....

Licensed Embalmer No. *497*

P. O. Address *Fredricktown*

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.