

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34651

State File No.

No. 300
10-48

FILED OCT 3 1957

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Union Township</u>		c. CITY OR TOWN <u>Cadet RRI</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Years</u>		e. STREET ADDRESS (If rural, give location) <u>Cadet, Mo., RRI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Cadet</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>Alexander</u>	
c. (Last) <u>Politte</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-26-57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-18-1862</u>
9. AGE (in years last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barite</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Politte</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Politte</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman J. Politte, Cadet RRI, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Sudden</u> 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 <u>4221</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 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>1950</u> to <u>9/26, 1957</u> that I last saw the deceased alive on <u>9/25, 1957</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. J. Hesselwell</u> (Degree or title)		23b. ADDRESS <u>Polite, Mo.</u>	
23c. DATE SIGNED <u>9/26/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-28-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo.</u>
DATE REC'D BY LOCAL REG <u>9/30/57</u>	REGISTRAR'S SIGNATURE <u>H. J. Hesselwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur W. Smith</u>	

Licensed Embalmer's Statement on Reverse Side

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.....
C. R. Howell

Licensed Embalmer No. *367*

P. O. Address *Monton*

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.