

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031699

FILED VS SEP 28 1959

53

3010

338

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Cape Girardeau		b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		a. STATE Missouri		b. COUNTY Cape Girardeau		
c. FULL NAME OF (IF NOT in hospital, give location) St. Francis Hospital		Length of stay in lb 66 years		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS North Sprigg St. Rd.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) North Sprigg St. Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First EDWARD		Middle A.		Last POLACK		Month Day Year September 21, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/5/1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 7 Days 16	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing & Heating Cont.		10b. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (City and state or country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME William G. Polack			13b. MOTHER'S MAIDEN NAME Amelia Tinapple			14. NAME OF HUSBAND OR WIFE Anita B. Polack		
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. 489-26-7287		17. INFORMANT Address Mrs. E. A. Polack Cape Gir., Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH 1 month +		
IMMEDIATE CAUSE (a) Uremia		DUE TO (b) Polycystic disease of Kidneys.				Congested		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH was related to the terminal disease condition given in PART I (e) Chronic pyelonephritis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Oct 22, 1949 to Sept 21, 1959 and last saw ^{her} _{him} live on Sept 21, 1959				Death occurred at 8:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE John Crowe MD			22b. ADDRESS Cape Girardeau Mo			22c. DATE SIGNED Sept 21, 1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 23, 1959		23c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		
24. FUNERAL DIRECTOR Walther's Funeral Home			ADDRESS Cape Gir. Mo.		25. DATE RECD. BY LOCAL REG. 9-24-59		26. REGISTRAR'S SIGNATURE Ernie Kasten	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Virgil W. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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