

PURVIS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 3 1959

59-037957

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9779** STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Length of stay in 1b 5 days		c. CITY OR TOWN SULLIVAN		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 235 E. VINE ST.			Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARENCE Middle A. Last POLITTE				4. DATE OF DEATH Month OCTOBER Day 24 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/5/18	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DESOTO, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ABRAHAM L. POLITTE			13b. MOTHER'S MAIDEN NAME OLIVIA LUTTRELL			14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2		16. SOCIAL SECURITY NO. 496-74-9622		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA DUE TO (b) CHRONIC GLOMERULONEPHRITIS DUE TO (c) 592x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 8 MOS 7-12 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 _____ a.m. _____ p.m.		Month, Day, Year					
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 10/19/59 to 10/24/59 and last saw HEK him alive on 10/24/59 Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) GEORGE H. PORTER M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.			22c. DATE SIGNED 10-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. MEMORIAL CEM.		23d. LOCATION (City, town, or county) SULLIVAN, MO.			
24. FUNERAL DIRECTOR H.M. EATON SULLIVAN, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 26 1959	REGISTRAR'S SIGNATURE Roan Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SP.

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 Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, Mo.

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.