URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-039109
STATE FILE NUMBER

RENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 866

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. — Length of stay in 1b	c. CITY OR TOWN Poplar Bluff — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp. — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) Route #4 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Nellie Middle: Last: Polin					4. DATE OF DEATH Month Day Year: Nov. 17, 1959	
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 8-3-03	9. AGE (last birthday): 56	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): Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Waverly County, Tenn.		12. CITIZEN OF WHAT COUNTRY: U.S.	
13a. FATHER'S NAME: Mark Wallace		13b. MOTHER'S MAIDEN NAME: Unknown			14. NAME OF HUSBAND OR WIFE: Charlie Polin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: unknown	17. INFORMANT: Charlie Polin, Poplar Bluff, Mo. (Address)			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10-31 1959, to 11-17-59 and last saw her/him alive on 11-17 1959

Death occurred at 11:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Tom Henrichsen M D	22b. ADDRESS: Poplar Bluff Mo	22c. DATE SIGNED: 11-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-20-59	23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.	23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.
24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG.: 11/30/59	26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS DEC 11 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_____ Signed Charles E. Mund

Signature of Student Embalmer

Licensed Embalmer No. 4817

P. O. Address Upper Bu

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