

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 3 5 0

FILED VS DEC 21 1959

Registration District No. 38 Primary Registration District No. 4056 Registrar's No. 619 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hallsville		Length of stay in 1b Life	c. CITY OR TOWN Hallsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hallsville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Claudia Ann Polm			4. DATE OF DEATH Month Day Year 12 14 1959			
5. SEX Female	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 4/21/79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James O. Young		13b. MOTHER'S MAIDEN NAME Ide Bell		14. NAME OF HUSBAND OR WIFE Henry Polm		
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. -----		17. INFORMANT Address Mr. O. T. Young Columbia, 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
IMMEDIATE CAUSE (a) Coronary Thrombosis			2 hrs
DUE TO (b) Hypertension (essential)			yrs.
DUE TO (c) Senile debility			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arthritis of the entire spine .		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 Columbia	COUNTY Mo.	STATE Mo.
--	--	---	----------------------	---------------------

21. I attended the deceased from **Dec 6 1954** to **9-10-59** and last saw her **live** on **9-10-59**
Death occurred at **12-14-59 12:20 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Walter Sparks</i> (Degree or title) D.O.	22b. ADDRESS Columbia, Mo.	22c. DATE SIGNED 12-15-59
---	--------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Fayette, Missouri
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Dec 15 1959	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer
---	--	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 *[Signature]*
Licensed Embalmer No. 4423

----- P. O. Address *[Signature]*

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.