

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006001

FILED VS. FEB 16 1960

133

Primary Registration District No.

Registrar's No.

23

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ridgeway		Length of stay in 1b 26 yr		c. CITY OR TOWN Ridgeway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		
3. NAME OF DECEASED (Type or print) First Albert Middle Riley Last Polley				4. DATE OF DEATH Month 2 Day 12 Year 1960				
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 1-19-1879		
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 0 Days 23 Hours Min. 		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Grain, Feed, Grocery			11. BIRTHPLACE (City and state or country) Bloomington Indiana		
12. CITIZEN OF WHAT COUNTRY U. S.			13a. FATHER'S NAME Joseph L. Polley		13b. MOTHER'S MAIDEN NAME Margaret Jane Jackson		14. NAME OF HUSBAND OR WIFE May Polley	
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. 500-36-4164		17. INFORMANT Address May <input checked="" type="checkbox"/> Polley, Ridgeway, 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 3 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease							8 years	
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. <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 7/21/52 to 2/12/60 and last saw <input checked="" type="checkbox"/> alive on 2/12/60 Death occurred at 8 PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) B. W. Claitney D.O.				22b. ADDRESS Bethany, Mo.		22c. DATE SIGNED 2-13-1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-15-1960		23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Ridgeway, Mo.		
24. FUNERAL DIRECTOR M. B. Haas ADDRESS Bethany, Mo.				25. DATE RECD. BY LOCAL REG. 2-13-1960		26. REGISTRAR'S SIGNATURE Gella Marney		

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 
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.