

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000034

FILED VS JAN 23 1961

Registration District No. 1 Primary Registration District No. _____ Registrar's No. 12

STATE FILE NUMBER

AMENDED

| | | | | | | | | | |
|--|--|---|--|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>USA Adair</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Novinger</u> | | Length of stay in 1b <u>28 yr.</u> | | c. CITY OR TOWN <u>Novinger</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home RFD</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>RFD</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Anna B.</u> Middle <u>Polovich</u> Last _____ | | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>12</u> Year <u>1961</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>March 13, 1899</u> | | 9. AGE (last birthday) <u>61</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Adair County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | |
| 13a. FATHER'S NAME <u>Ira Collett</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Emma Grim Collett</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Lewis Polovich Jr.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT Address <u>Lewis Polovich Novinger, Missouri</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Hypertensive Heart Disease</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u> <u>Years</u> <u>Years</u> | | |
| 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 checked="" 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 <u>1-9-61</u> to <u>1-12-61</u> and last saw her alive on <u>1-12-61</u> Death occurred at <u>7:55 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Death of title) <u>[Signature]</u> | | | | 22b. ADDRESS <u>Kirkville, Mo.</u> | | | | 22c. DATE SIGNED <u>1-14-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Jan. 14, 1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u> | | | |
| 24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home, Inc.</u> | | | ADDRESS <u>415 N. Franklin</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan 17, 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | |
| (Licensed Embalmer's Statement on Reverse Side) | | | | | | | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

8S 11.

LYLE P. PARTIN, D.O.

APR 27 1963

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Keokuk, 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.