

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004367

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 2 STATE FILE NUMBER

FILED VS JAN 24 1961

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

1. PLACE OF DEATH a. COUNTY Texas b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Leckling Length of stay in 1b 17 yrs c. CITY OR TOWN Leckling Inside Limits Yes No d. STREET ADDRESS (if outside, give location) 4th NW Leckling Mo Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Polly Jane Marr 4. DATE OF DEATH 1-16-1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed X Divorced 8. DATE OF BIRTH 1-3-1962 9. AGE (last birthday) 99 IF UNDER 1 YEAR IF UNDER 24 HR 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 Dentist 11. BIRTHPLACE (City and state or country) Mo USA 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Lorenz Howell 13b. MOTHER'S MAIDEN NAME Emelie H. Honey 14. NAME OF HUSBAND OR WIFE Mrs. L.C. Stone Lindsey Calif

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 Mrs. L.C. Stone Lindsey Calif Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac + pulmonary arrest (b) Cachexia + debilitation (c) Chronic passive congestion

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stasis pneumonia + Semility 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 1956 to 1961 and last saw her alive on 1-16-61 Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B.J. Myers DO (Degree or title) 22b. ADDRESS Leckling, Mo 22c. DATE SIGNED 1-18-61

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-18-61 23c. NAME OF CEMETERY OR CREMATORY Ray Lawn 23d. LOCATION (City, town, or county) (State) Texas Mo

24. FUNERAL DIRECTOR Smith-Ferguson Leckling Mo Jan. 20, 1961 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Elnora Hesse

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 Robert Ferguson

Licensed Embalmer No. 3945

P. O. Address Springfield, 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.