SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042141

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 467

AMENDED

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. FRANCOIS Twp. Farmington-RURAL
Length of stay in 1b 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell N. Home
Inside Limits Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Flat River
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 217 Emerson St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last POLETE

4. DATE OF DEATH Month Day Year November 28, 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/25/1872
9. AGE (last birthday) 89
IF UNDER 1 YEAR Months 5 Days 3
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Engineer (Stationary)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Madison Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Polete
13b. MOTHER'S MAIDEN NAME Mary Polete
14. NAME OF HUSBAND OR WIFE Mary L. Bess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
17. INFORMANT W. Edger Polete Address Flat River, 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) Acute pulmonary failure & Congestion — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Auricular fibrillation & Myocardial failure — 1 year +
DUE TO (c) Fallacy Virus pneumonitis — 10 days

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 11/20/61, to 11/28/61 and last saw ~~her~~ him alive on 11/28/61
Death occurred at 11:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W A Rohlfing [signature]
22b. ADDRESS Flat River, Mo.
22c. DATE SIGNED 12/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec-2-1961
23c. NAME OF CEMETERY OR CREMATORY Parkview Cmeetery
23d. LOCATION (City, town, or county) (State) Farmington, Mo.

24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 1, 1961
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | ITEM NO. | SHOULD READ | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat Rock, O

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