# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034881
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 165

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nevada Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R#2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First CHARLES Middle DALLAS Last POLK
4. DATE OF DEATH: Month August Day 16 Year 1963
5. SEX: M
6. COLOR OR RACE: Wh
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-13-1885
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and state or country): Greenwood, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Polk
13b. MOTHER'S MAIDEN NAME: Maggie Kay Nixon
14. NAME OF HUSBAND OR WIFE: Zola Polk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: Zola Polk, Nevada, Missouri, R#2 — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs. from onset of bleeding.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Duodenal ulcer.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intertrochanteric fracture of right femur
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.): Fell out of bed at hospital 16 hrs Before he died
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 8/16/63
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 Feb. 1960, to Aug. 1963 and last saw him alive on Aug. 16 1963
Death occurred at Nevada, Mo. 5:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R.B.Wray, M.D.
22b. ADDRESS: Moore Bldg., Nevada, Mo.
22c. DATE SIGNED: 8/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: August 19, 1963
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county): Nevada (State): Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home — ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 8-23-1963
26. REGISTRAR'S SIGNATURE: Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

**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 L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.