

FILED JUL 29 1969

124 69 0027895

CERTIFICATE OF DEATH

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 346

DO NOT WRITE ON THIS STUB

9. 1
10a. 90 4.0269
10b. 5. 02
11. 0
12. 2
13. 4109
14. 4
15. 4 6.0451
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST 1. <u>Rosa Lee Polly</u>		SEX 2. <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>July 23, 1969</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <u>White</u>	AGE—LAST BIRTHDAY (YEARS) 5a. <u>90</u>	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.
DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>July 28, 1878</u>	COUNTY OF DEATH 7a. <u>Cole</u>		
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>Jefferson City</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <u>Yes</u>	
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <u>St. Marys Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>Missouri</u>	CITIZEN OF WHAT COUNTRY 9. <u>USA</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <u>WIDOW</u>
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <u>None</u>			
SOCIAL SECURITY NUMBER 12. <u>489-56-4444</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <u>Housewife</u>	
KIND OF BUSINESS OR INDUSTRY 13b. <u>Home</u>			
RESIDENCE—STATE COUNTY 14a. <u>Missouri</u>	14b. <u>Howard</u>	CITY, TOWN, OR LOCATION 14c. <u>Fayette</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>Yes</u>
STREET AND NUMBER 14e. <u>401 W. MORRISON</u>			
FATHER—NAME FIRST MIDDLE LAST 15. <u>George Washington Fletcher</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <u>Anne Elizabeth mize</u>	
INFORMANT—NAME 17a. <u>Paul Polly</u>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <u>Box 824 Columbia, Mo.</u>	
PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <u>Infarction of the Myocardium</u> DUE TO, OR AS A CONSEQUENCE OF:			<u>6 days</u>
(b) <u>Arterio-sclerotic coronary artery thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF:			<u>6 days</u>
(c) <u>ASHD</u>			<u>Indefinite</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. <input checked="" type="checkbox"/> NO
			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <u>7 18 69</u>	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON 21b. <u>7 23 69</u>	MONTH DAY YEAR
CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.	HOUR OF DEATH 22b. <u>7 23 69</u>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c. <u>7 23 69</u>	DEATH OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 22d. <u>12:15 P. M.</u>
CERTIFIER—NAME (TYPE OR PRINT) 23a. <u>John I. Matthews M.D.</u>	SIGNATURE 23b. <u>John I. Matthews, M.D.</u>	DEGREE OR TITLE 23c. <u>MD</u>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <u>25 July 69</u>
MAILING ADDRESS—CERTIFIER 23a. <u>302 Bolivar Jefferson City, MO</u>		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 23b. <u>0 65101</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY—NAME 24b. <u>Boonesboro</u>		LOCATION CITY OR TOWN STATE 24c. <u>Boonesboro Mo.</u>
DATE (MONTH, DAY, YEAR) 24d. <u>July 25, 1969</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <u>Carr Funeral Chapel 204 N. Linn Fayette, Mo 65248</u>		
FUNERAL DIRECTOR—SIGNATURE 25a. <u>Robert Z. Webof</u>	REGISTRAR—SIGNATURE 25b. <u>Norma Miller</u>		DATE RECEIVED BY LOCAL REGISTRAR 25c. <u>7-28-69</u>

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 L. Debo J

Licensed Embalmer No. 5308

P. O. Address Fayette, Mo. 65248

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.