

FILED MAY 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15396
Registrar's No. 27

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) Potosi	c. LENGTH OF STAY (If in hospital or institution) 83 years	c. CITY (If outside corporate limits, write RURAL and give township) Potosi	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Harret b. (Middle) Louise c. (Last) Politte			4. DATE OF DEATH (Month) (Day) (Year) MAY 6 1951		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4-19-1860	9. AGE (In years) (Month) (Day) (Year) 81 5 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Old Mines. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ezabe Roussin	13b. MOTHER'S MAIDEN NAME Zoa Boyer	14. NAME OF HUSBAND OR WIFE Joseph.
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Politte Potosi. Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 156A
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Recti		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1950, to 5-6, 1951, that I last saw the deceased alive on 5-6, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. K. Kinswell, M.D.	(Degree or title)	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED 5/7/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-8-1951	24c. NAME OF CEMETERY OR CREMATORY St James Cemetery	24d. LOCATION (City, town, or county) (State) Potosi. Mo.

DATE REC'D BY LOCAL REG. 5/7/51	REGISTRAR'S SIGNATURE H. K. Kinswell	405	25. FUNERAL DIRECTOR'S SIGNATURE Boyer Funeral Home	ADDRESS Potosi. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAY 10 1951
WASH. COUNTY HEALTH DEPT.
File No: 551-25

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Pataoi, Ma

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 this body is not embalmed, fact should be so stated above.