MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029630 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 327

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 13 1963

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township
Length of stay in 1b 51Y;11M;20das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4
Inside Limits Yes ☐ No XX

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

3. NAME OF DECEASED (Type or print) First JAMES Middle ALBERT Last POLITTE

4. DATE OF DEATH Month August Day 2 Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH Dec. 26, 1881

9. AGE (last birthday) 81
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) Miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Blackwell, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Politte

13b. MOTHER'S MAIDEN NAME Rose Golden

14. NAME OF HUSBAND OR WIFE Ada E. Thurman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of ser

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Leo Mueller, Farmington, Mo. & Records, State Hospital No. 4, Farmington, 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) Terminal pneumonia — Interval between onset and death: Abt. 2 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary tuberculosis, bilateral — at least 1 yr.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Undeferentiated Schizophrenia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT XX SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Accidental fall on ward of mental hospital. (Fracture of right hip.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year 7-31-63 (?) after 5:30 P.M.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ward of Mental hospital

20f. CITY, TOWN, OR LOCATION Farmington — COUNTY St. Francois STATE Missouri

21. I attended the deceased from Aug. 1, 1963, to Aug. 2, 1963 and last saw him alive on Aug. 2, 1963
Death occurred at 6:05 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Brennan, M.D.

22b. ADDRESS State Hospital No. 4 Farmington, Missouri

22c. DATE SIGNED 8-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug. 5, 1963

23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery

23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri

24. FUNERAL DIRECTOR ADDRESS Cozean Funeral Home, Farmington, Missouri

25. DATE RECD. BY LOCAL REG. Aug 7, 1963

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0940		
2	0940	2	
3			
4	0		
5	2		
6			
7	0		
8	2		
9	0021F		
10			
11	094		
12	93-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 O A Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.