

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **452**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give town or township) Cape Girardeau		c. LENGTH OF STAY (in this place) 20 yrs.		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 323 North Fountain Street				f. STREET ADDRESS (If rural, give location) 323 North Fountain Street 0164			
3. NAME OF DECEASED (Type or Print) GUSTAV		a. (First) W.		b. (Middle) POLACK		c. (Last)	
4. DATE OF DEATH February 12, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 1, 1886		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months 9 Days 13		11. UNDER 24 HRS. Hours 13 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Insp.		10b. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (City and State or Foreign Country) Seumore, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wm. G. Polack		13b. MOTHER'S MAIDEN NAME Amelia Tinapple		14. NAME OF HUSBAND OR WIFE Elizabeth Polack			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-05-7538		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. A. Polack Cape Girardeau, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Tobacco Pneumonia, Cyst 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. Pneumonia secondary for Cancer Rt Lung 1949.				INTERVAL BETWEEN ONSET AND DEATH Immediate 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490 x H					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Aug 6 , 19 54 , to Feb 12 , 19 55 , that I last saw the deceased alive on Feb 10 , 19 55 , and that death occurred at 2:20 m., from the causes and on the date stated above.							
23a. SIGNATURE John Brown		(Degree or title) MD		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED Feb 14, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14, 1955		24c. NAME OF CEMETERY OR REMATORY Lorimier Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG. 2-14-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 44-0 Walthers Funeral Home Cape Girardeau			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD