

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5757 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give town) Fredericktown		c. CITY (If outside corporate limits, write RURAL and give township) Fredericktown	
c. LENGTH OF STAY (in this place) 13 years		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) BARKES		c. (Last) POLLOCK		4. DATE OF DEATH (Month) (Day) (Year) March 20 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 1, 1886	
9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (State or foreign country) ATHEN, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME HENRY POLLOCK		13b. MOTHER'S MAIDEN NAME KESIAH L. BUCHANAN		14. NAME OF HUSBAND OR WIFE ELLA MAY POLLOCK	

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. 444-01-0730		17. INFORMANT'S SIGNATURE OR NAME ELLA MAY POLLOCK, Fredericktown, Mo		ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion		DUPLICATE		Two months	
		ANTECEDENT CAUSES		DUE TO (b) Coronary disease with		Months	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Marked myocardial		Months	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. degeneration					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1901		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **March 4, 1949**, to **MARCH 20, 1949**, that I last saw the deceased alive on **MARCH 20, 1949**, and that death occurred at **12:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 130 W Main Fredericktown		23c. DATE SIGNED 3-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-22-49		24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	
24d. LOCATION (City, town, or county) Fredericktown		24e. (State) Missouri			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-22-49 [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Dajon, Jr., Fredericktown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

Subject File Number 349-427

Date Filed 3-30-49

NOV 4 1954

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
Student Embalmer

Signed Saw Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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