

FILED APR 17 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 15215

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Marshall</b>		c. LENGTH OF STAY (in this place) <b>7 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>328 East Porter street</b>				d. STREET ADDRESS (If rural, give location) <b>328 East Porter street</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mary Elizabeth Pollard</b>		b. (Middle) <b>Handley</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 9th, 1951.</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Feb. 7th, 1881.</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Saline County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Albert Pollard</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Funk</b>		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Floyd Little, Marshall, Missouri</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4201</b>				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 <b>Jan</b> , 1947, to <b>April 9</b> , 1951, that I last saw the deceased alive on <b>Apr. 9</b> , 1951, and that death occurred at <b>1:15 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James A. Reid</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Marshall Mo.</b>		23c. DATE SIGNED <b>4-10-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. II, 1951.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Malta Bend cemetery, Malta Bend, Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>April-10-1951</b>		REGISTRAR'S SIGNATURE <b>Sidney F. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CAMPBELL-LEWIS-MARSHALL-Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-16-51 \_\_\_\_\_

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 *James H. Lewis Jr.* \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. *41709*

P. O. Address *Marshall, Mo*

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.