

FILED JUL 2-1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 20814

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 22

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Monroe</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison R.R. 0690</u>  |  |
| c. LENGTH OF STAY (in this place) <u>10 months</u>                                  |  | d. STREET ADDRESS (If rural, give location) <u>"</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____                                       |  |  |  |

|   |                               |   |  |  |   |
|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Hollie</u> b. (Middle) <u>Pearle</u> c. (Last) <u>Pollard</u> |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>6-9-1951</u>      |  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4/8/1884</u>                                 | 9. AGE (In years last birthday) <u>67</u>  | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>            |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>                      | 11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>John W Webb</u>                                       |  | 13b. MOTHER'S MAIDEN NAME <u>Jennine Smith</u> |  | 14. NAME OF HUSBAND OR WIFE <u>John Pollard</u>                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>none</u>            |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Pollard</u> ADDRESS <u>Madison</u> |  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 months</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myasthenia Gravis</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Diabetes Mellitus</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION <u>none</u>                    | 19b. MAJOR FINDINGS OF OPERATION _____   | 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) <u>260X</u>                      |
| 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 12-28-1949, to 6-9-1951, that I last saw the deceased alive on 6-7-1951, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

|  |   |  |  |                                 |
|--|---|--|--|---------------------------------|
| 23a. SIGNATURE <u>F.A. Barnett, M.D.</u> (Degree or title) |   | 23b. ADDRESS <u>Garrison, Mo.</u>                      |  | 23c. DATE SIGNED <u>6-14-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>    | 24b. DATE <u>June 16, 1951</u>                  | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Monroe Co. Mo</u> |                                 |
| DATE REC'D BY LOCAL REG. <u>6-16-51</u>                    | REGISTRAR'S SIGNATURE <u>Anne M. Buidet</u> 437 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tracy L. ...</u>   |  | ADDRESS <u>Madison</u>          |

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

0690  
 7-2-51  
 Rural or Town

Date Received: JUN 28 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-57-1166  
Date Filed: JUN 29 1951

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 Wm Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address .....

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.