

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19014

State File No.

0972
 WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 3072	Registrar's No. 117
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived, or, if institution: residence before admission). a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		
c. LENGTH OF STAY (in this place) 20yrs		d. STREET ADDRESS (If rural, give location) 360 W. Marion		
d. FULL NAME OF HOSPITAL OR INSTITUTION 360 W. Marion				
3. NAME OF DECEASED (Type or Print) Prince Hebert Pollard		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH May, 30th, 52		(Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 17 Oct. 1917	9. AGE (In years last birthday) 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank messenger		10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (State or foreign country) Missouri, Saline County	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Luther Pollard		13b. MOTHER'S MAIDEN NAME Pinky Steverson	14. NAME OF HUSBAND OR WIFE Kathryn Pollard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 2	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kathryn Pollard, Marshall, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis-Uremia		INTERVAL BETWEEN ONSET AND DEATH about 6 mo.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't Know		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignant Hypertension		about 3 mo.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 593x		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 Mar. 26, 1952 , to May 30, 1952 that I last saw the deceased alive on May, 30, 1952 , and that death occurred at 8:15p. m. , from the causes and on the date stated above.				
23a. SIGNATURE Waite H. Madison, M.D.		(Degree or title)	23b. ADDRESS Marshall, Missouri	23c. DATE SIGNED 5/31/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/3/52	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Marshall Mo.
DATE REC'D BY LOCAL REG. June 2nd. 1952	REGISTRAR'S SIGNATURE Edw. J. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE George D. Brown ADDRESS Marshall, Mo.	

JUN 26 1952

APR 21 1953

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amount

office

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Durham, N.C.

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.