

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24193

State File No. _____

FILED JUL 21 1952

128

2000

Registrar's No. 673

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ava, Missouri. b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AVIA		d. STREET ADDRESS (If rural, give location) 0341	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital							
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) A		c. (Last) Pollock	
4. DATE OF DEATH (Month) (Day) (Year) 7 10 1952							
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2 22 1866	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self			10b. KIND OF BUSINESS OR INDUSTRY Unknown			11. BIRTHPLACE (State or foreign country) Ill;	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.V. Clinkingbeard, Ava, Missouri.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enterotrachealis Tracheus Rt Hip ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) Arteriosclerosis several years duration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 Day
19a. DATE OF OPERATION July 10, 1952		19b. MAJOR FINDINGS OF OPERATION Enterotrachealis Tracheus Rt Hip				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Christians MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 9, 1952		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall			
22. I hereby certify that I attended the deceased from July 9, 1952 , to July 10, 1952 , that I last saw the deceased alive on July 10, 1952 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Daniel L. Yonely, M.D.				23b. ADDRESS Springfield, Mo		23c. DATE SIGNED July 11 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7 11 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Kansas City Kans.	
DATE REC'D BY LOCAL REG. 7/11/52		REGISTRAR'S SIGNATURE Edith Wilburn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warnick-Custer-Eads, Kansas City, Ka ns.			

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

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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 _____

SELF

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Charles R. Fish*

Licensed Embalmer No. *4662*

P. O. Address *Quincy, Ill.*

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.