

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25160**

State File No. ....

**FILED AUG 11 1952**

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Monroe 0690</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monroe City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monroe City</b>  |  |
| c. LENGTH OF STAY (In this place) <b>-</b>  |  | d. STREET ADDRESS (If rural, give location) <b>201-4<sup>TH</sup> ST.</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>201-4<sup>TH</sup> ST</b>                            |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ERWIN</b> c. (Last) <b>POLLARD</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 3-1952</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>8/9/1864</b>  |  | 9. AGE (In years last birthday) <b>87</b>  |  | IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b> OF UNDER 1 YEAR Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>    |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>-</b> |  | 11. BIRTHPLACE (State or foreign country) <b>VIRGINIA</b>                              |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>US</b>  |  |  |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <b>JARED DAVIS ERWIN</b>                                |  | 13b. MOTHER'S MAIDEN NAME <b>MARY ODER</b> |  | 14. NAME OF HUSBAND OR WIFE <b>JUDGE ST. POLLARD (deceased)</b>                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>-</b> |  | 16. SOCIAL SECURITY NO. <b>-</b>           |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Miss Sully Pollard</b> ADDRESS <b>Monroe City</b> |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b> |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  |  | ANTECEDENT CAUSES   |  |   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |   |  |
|  |  | DUE TO (b) _____  |  |   |  |
|  |  | DUE TO (c) _____  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | Conditions contributing to the death but not related to the disease or condition causing death.     |  |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 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)                                  |  |
| 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. 6, 1952**, to **August 3, 1952**, that I last saw the deceased alive on **August 3, 1952**, and that death occurred at **6:10 P.M.**, from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE <b>Harold F. Ellis D.O.</b> (Degree or title)        |  | 23b. ADDRESS <b>Monroe City, Missouri</b>  |  | 23c. DATE SIGNED <b>8-5-1952</b>                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>             |  | 24b. DATE <b>8/5/1952</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>ST. JUDES</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Monroe City MO</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold Garner</b> ADDRESS <b>Monroe City</b> |  |   |  |
| DATE REC'D BY LOCAL REG. <b>8-5-52</b>                              |  | REGISTRAR'S SIGNATURE <b>E. Lee Robertson</b> <b>476</b>                         |  |   |  |

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

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 Harold Turner

Signed.....  
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address. Monroe City 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.