

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5172**

FILED MAR 9 - 1953

BIRTH NO. 124		REG. DIST. NO. 68		PRIMARY REG. DIST. NO. 5267		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Christian				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S Galloway		c. LENGTH OF STAY (In this place) 30yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Galloway		d. STREET ADDRESS (If rural, give location) Spokane Mo Star Rt.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Spokane, Mo Star Rt.				d. STREET ADDRESS (If rural, give location) Spokane Mo Star Rt.				
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) B Pollock		c. (Last) Pollock		4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 3, 1869		9. AGE (In years last birthday) 83	10. MONTHS 8	11. DAYS 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Robert Pollock			13b. MOTHER'S MAIDEN NAME Jane Smiley		14. NAME OF HUSBAND OR WIFE Mrs Blanch Pollock			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Blanch Pollock, Spokane, 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) Cerebral Hemorrhage of stomach					INTERVAL BETWEEN ONSET AND DEATH 1 yr -	
		ANTECEDENT CAUSES Morbid 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 151X					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 Jan 1951 to 10-6-53 , 1953 , that I last saw the deceased alive on 12-1-53 , 1953 , and that death occurred at 4 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter M. Leonard				23b. ADDRESS Spokane Mo		23c. DATE SIGNED 23 Dec 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 18. 53	24c. NAME OF CEMETERY OR CREMATORY Schubbsch		24d. LOCATION (City, town, or county) (State) Christian Co. Mo			
DATE REC'D BY LOCAL REG. 2-28-1953		REGISTRAR'S SIGNATURE Walter Leonard		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.