

FILED JUN 8 1953

STANDARD CERTIFICATE OF DEATH

State File No. 18715

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3243</u>		Registrar No. <u>201</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u>		d. STREET ADDRESS (If rural, give location) <u>702 Summer Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>702 Summer Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Riley</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Pollard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-26-53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 25, 1897</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rubber Plant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mescow Mills, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rubber Plant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mescow Mills, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James H. Pollard</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth O'Neal</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Pollard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Pollard</u>			
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) <u>Marine intracranial hemolysis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull fracture.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>119</u>		19c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Hannibal Marion Mo.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>residence</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Hannibal Marion Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 26 53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell onto concrete wall while trimming trees</u>			
22. I hereby certify that I attended the deceased from <u>5-26</u> , 19 <u>53</u> , to <u>5-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>53</u> , and that death occurred at <u>8:10P</u> m., from the causes and on the date stated above.							
22a. SIGNATURE <u>[Signature]</u>				22b. ADDRESS <u>Hannibal Mo.</u>		22c. DATE SIGNED <u>May 28 1953</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/29/53</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal, Marion, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/29/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			
				ADDRESS <u>Hannibal Mo</u>			

JUN 5 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JUN 5 1953

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 *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.