

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21158**

0310  
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FILED JUL 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5361** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Missouri</b>	
b. CITY OR TOWN <b>Jamesport (Rural Jackson Twp)</b>	c. LENGTH OF STAY (in this place) <b>1 year</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Jamesport (Rural Jackson Twp)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Route 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SHERMAN</b> b. (Middle) <b>ALEXANDER</b> c. (Last) <b>POLLOCK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 10 1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 5 - 1873</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Monmouth, Illinois</b>	
13a. FATHER'S NAME <b>Addison Pollock</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Ann</b>		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Evelyn Pollock</b>		ADDRESS <b>Jamesport Mo.</b>
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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			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, arterial sclerosis</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 <b>331X</b>	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 **May 1, 1952**, to **June 10, 1953**, that I last saw the deceased alive on **June 10, 1953**, and that death occurred at **6:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. B. Baker, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Jackson Mo.</b>	23c. DATE SIGNED <b>6-30-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 12 - 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lack Springs Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lack Springs Mo.</b>
DATE REC'D BY LOCAL REG. <b>7-6-53</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Englehart</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>D. P. Roberson</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert N. Maharg

Licensed Embalmer No. 4348

P. O. Address Jamestown 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.