

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42242

State File No.

FILED DEC 21 1953

BIRTH NO. REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5152 Registrar's No. 38

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sadie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Pollard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 13 53</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-23-1884</u>	9. AGE (In years last birthday) <u>67</u>	10. CITIZEN OF WHAT COUNTRY? <u>MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton Co. MO</u>	

13a. FATHER'S NAME <u>Daniel H. Worklander</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Good</u>		14. NAME OF HUSBAND OR WIFE <u>Heshitt M. Pollard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Heshitt M. Pollard</u>	
				ADDRESS <u>Polo MO</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		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatous</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Ovary</u> 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 <u>6-10-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Ovary with Metastases</u>		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 8-10, 1945 to 12-13, 1953, that I last saw the deceased alive on 12-10, 1952, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Polo MO</u>		23c. DATE SIGNED <u>12-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Ridge</u>	
DATE REC'D BY LOCAL REG. <u>12-15-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24d. LOCATION (City, town, or county) (State) <u>Rockford Twp MO</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Polo MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 3 1956

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.

Signed.....
Student Embalmer

Signed

Bernard F. Mead

Student Embalmer No.....

Licensed Embalmer No. *2801*

P. O. Address *Raymer 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.