

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43956**

FILED JAN 7 1954

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **312**

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| 1. PLACE OF DEATH a. COUNTY Randolph. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCormick Hospital | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Jefferson Township) 0690 | |
| c. LENGTH OF STAY (in this place) 6 Dys. | | d. STREET ADDRESS (If rural, give location) R.F.D Stoutsville, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Moberly, Mo. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) James | b. (Middle) L. | c. (Last) Pollard | 4. DATE OF DEATH (Month) (Day) (Year) Dec 30, 1953 |
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|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 12, 1908 | 9. AGE (in years last birthday) 45 | IF UNDER 1 YEAR Months 7 Days 18 | IF UNDER 1 HR. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Florida, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John P. Pollard | 13b. MOTHER'S MAIDEN NAME Laura Scobee | 14. NAME OF HUSBAND OR WIFE Susie B. Pollard |
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|---|-------------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs Susie B. Pollard | ADDRESS Stoutsville, Mo. |
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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 36 hrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Membranous pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac decompensation DUE TO (c) coronary thrombosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4201 |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **July 5th 1953** to **12-30-53**, that I last saw the deceased alive on **Dec 30**, 1953, and that death occurred at **11:20 PM** from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Walter S. Lintner, M.D. | 23b. ADDRESS Paris Missouri | 23c. DATE SIGNED 12-31-53 |
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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-1-1954 | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Monroe Co, Missouri. |
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| DATE REC'D BY LOCAL REG. 12-31-53 | REGISTRAR'S SIGNATURE Walter S. Lintner | 25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilkey | ADDRESS Perry, Missouri |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 27 1957

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 *Clyde C. Wilkey*

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.