

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30416**

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fayette)		c. LENGTH OF STAY (In this place) 5 da.		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				STREET ADDRESS (If rural, give location) 0874			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) Elizabeth		c. (Last) Pollard		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 3, 1870	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months - Days 24		IF UNDER 12 HRS. Hours - Min. -		11. BIRTHPLACE (City and State or Foreign Country) Spalding Springs, Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alfonza Robinson	
13b. MOTHER'S MAIDEN NAME Rosey Ann		13c. NAME OF HUSBAND OR WIFE William Braxton Pollard		14. NAME OF HUSBAND OR WIFE William Braxton Pollard		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Rethwisch		17. INFORMANT'S SIGNATURE OR NAME Fayette, Mo		17. INFORMANT'S SIGNATURE OR NAME Fayette, 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) Volvulus small bowel ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Sept 20, 1954 , to Sept 27, 1954 , that I last saw the deceased alive on Sept 27, 1954 and that death occurred at 10 A m., from the causes and on the date stated above.		23a. SIGNATURE Mrs Henry Rethwisch (Degree or title) _____		23b. ADDRESS Fayette, Mo	
23c. DATE SIGNED 9/27/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/27/54		24c. NAME OF CEMETERY OR CREMATORY Salt Lick Cemetery	
24d. LOCATION (City, town, or county) (State) Ralls Co. Missouri		DATE REC'D BY LOCAL REG. 10-7-54		REGISTRAR'S SIGNATURE Mary K. Shell 436		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A Carr	
ADDRESS Fayette, Mo							

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

AUG 2 1956

SEP 10 1956

MAY 1 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.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *334*

P. O. Address *Fayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.