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FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12156**BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY OR TOWN Truesdale	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1/2 yrs.		e. STREET ADDRESS (If rural, give location) 1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home			

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) M. c. (Last) Pollien		4. DATE OF DEATH (Month) (Day) (Year) March 13, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 25, 1867
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
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	11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Diedrich Hedeman		13b. MOTHER'S MAIDEN NAME Eliza Brandt		14. NAME OF HUSBAND OR WIFE Emil Pollien, decd.	
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 ADDRESS Mrs. Julius Schroer, Wright City, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic heart disease		my	
		ANTECEDENT CAUSES		my	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		my	
		DUE TO (b) Chronic Myocarditis			
		DUE TO (c) Senescent arteriosclerosis			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Senility			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				4200	

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 **Nov 3, 1956**, to **March 13, 1956**, that I last saw the deceased alive on **March 9, 1956**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lloyd Logan M.D.		23b. ADDRESS W. County Mo		23c. DATE SIGNED 3-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-16-56		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) Wright City, Mo.	

DATE REC'D BY LOCAL REG. 3-19-56		REGISTRAR'S SIGNATURE Lloyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *John Thiburg*.....

Licensed Embalmer No. *38*.....

P. O. Address *Warrenton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.