

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40698**

FILED DEC 31 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5133** Registrar's No. **1373**

1. PLACE OF DEATH a. COUNTY <b>DeKalb Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <b>Mo.</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Easton, 6 Mi. N?W.</b>		c. LENGTH OF STAY (in this place) <b>3 Mo.</b>	c. CITY OR TOWN <b>Clarksdale</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of Perry Pollart</b>		e. STREET ADDRESS (If rural, give location) <b>0-3201</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Catherine</b>	b. (Middle) <b>Maria</b>	c. (Last) <b>Pollart</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-30-56</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-23-1880</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Stuckish</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Setterling</b>	14. NAME OF HUSBAND OR WIFE <b>John Pollart</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>XXXXXXXXXXXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Pollart</b>	ADDRESS <b>Clarksdale 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>My postatic Pneumonia</b>		
	ANTECEDENT CAUSES		
	Morbid 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.		<b>522X</b>

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Sept 1953**, to **Dec 30, 1956**, that I last saw the deceased alive on **Dec 20, 1956**, and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. J. Drury</b>	(Degree or title) <b>Dr.</b>	23b. ADDRESS <b>Stewartville, Mo.</b>	23c. DATE SIGNED <b>12/24/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clarksdale Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clarksdale Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec 28, 1956</b>	REGISTRAR'S SIGNATURE <b>Carroll M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Brown</b>	ADDRESS <b>Maysville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

485

AUG 23 1962

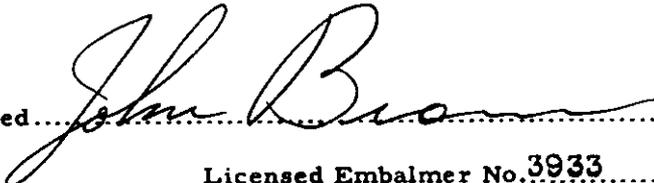
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STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 3933.....

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