

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42170

FILED DEC 17 1956

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 441

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Palmyra	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp.		d. STREET ADDRESS 220 N. Lane	
Length of stay in hospital 4 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) **Albert Charles Pollman**

First Middle Last

4. DATE OF DEATH **Dec. 2, 1956**

Month Day Year

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and state or country) Palmyra, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME August Pollman	14. MOTHER'S MAIDEN NAME Elizabeth Berghoffer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 499-05-8217	17. INFORMANT Mrs. Lillian Devlin Address Palmyra, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pneumonia, hypertensive**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **osteosarcoma lower jaw**

DUE TO (c) **196X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

INTERVAL BETWEEN ONSET AND DEATH **3 days**

6 mo.

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year
a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Palmyra, Mo.	COUNTY Marion	STATE Missouri
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21. I attended the deceased from **26 Nov** to **2 Dec** and last saw **him** alive on **1 Dec 1956**

Death occurred at **11:45 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wyneth Hamlin M.D. (Degree or title)	22b. ADDRESS Palmyra Mo.	22c. DATE SIGNED 12/11/56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/5/56	23c. NAME OF CEMETERY OR CREMATORY Greenwood cemetery	23d. LOCATION (City, town, or county) Palmyra, Missouri (State)
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24. FUNERAL DIRECTOR E. F. Sprague ADDRESS Palmyra, Mo.	25. DATE RECD. BY LOCAL REG. Dec 11-1956	26. REGISTRAR'S SIGNATURE W. M. Lukey By A. C. Fisher
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DEC 13 1956
MARION CO. HEALTH DEPT.
DATE FILED DEC 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dean W. Huff*

Licensed Embalmer No. *491*

P. O. Address *Palmyra,*

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