S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1957

State File No. 13959

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HANNIBAL
c. LENGTH OF STAY (in this place) 7 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 815 N 6th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY MARION
c. CITY OR TOWN HANNIBAL
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 815 N 6th Street 0644 0

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) ALICE c. (Last) POLLARD

4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1957

5. SEX 1 FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 WIDOWED
8. DATE OF BIRTH Oct. 3, 1865
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 7 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and State or Foreign Country) 0 Chain Rocks Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John O'Neal
13b. MOTHER'S MAIDEN NAME Ann Williams
14. NAME OF HUSBAND OR WIFE James Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Grace ADDRESS HANNIBAL MO 815 N 6th

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis — 6 years
DUE TO (c) Chronic nephritis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
20. AUTOPSY? 0 YES [ ] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1954, *to* May 4, 1957, *that I last saw the deceased alive on* May 3, 1957, *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Glenn R. Miller (Degree or title) D.O. 2
23b. ADDRESS Hannibal
23c. DATE SIGNED 5-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 6, 1957
24c. NAME OF CEMETERY OR CREMATORY Riddle Cemetery
24d. LOCATION (City, town, or county) (State) Lincoln County Mo

DATE REC'D BY LOCAL REG. 5/9/57
REGISTRAR'S SIGNATURE Dr E M Lucke Dept C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE Wayne McCoy ADDRESS Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1890

RECEIVED MAY 14 1957
MARION CO. HEALTH DEPT.
DATE FILED MAY 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. W. McCoy

Licensed Embalmer No. 3587

P. O. Address Troy 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.