

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

24335

State File No.

No. 300
10.48

FILED AUG 15 1957

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. CITY OR TOWN Fayette	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 13 days		e. STREET ADDRESS (If rural, give location) 301 W. Spring Street 243/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BRAXTON c. (Last) POLLARD			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 30, 1873		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR 0 Months 26 Days IF UNDER 24 HRS. 0 Hours 0 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Agent		10b. KIND OF BUSINESS OR INDUSTRY M.K.T. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Shelbina, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Thomas Madison Pollard		13b. MOTHER'S MAIDEN NAME Mary Leah Blair		14. NAME OF HUSBAND OR WIFE Nancy Elizabeth Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Braxton Pollard, St. Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		II. OTHER SIGNIFICANT CONDITIONS Carcinoma of jaw			1 wk.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular Renal disease DUE TO (c) _____			6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442XH			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 7-5, 1957, to 7-26, 1957, that I last saw the deceased alive on 7-26, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. Bloom M.D. (Degree or title)		23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 7-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/28/1957		24c. NAME OF CEMETERY OR CREMATORY Saltlick Cemetery	
24d. LOCATION (City, town, or county) (State) Spalding Springs, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fayette, Missouri			
DATE REC'D BY LOCAL REG. 8-1-57		REGISTRAR'S SIGNATURE Mary T. Shell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fayette, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1957
NOV 22 1957

SEP 25 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.