

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048013

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 308

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6887  
2887

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4 0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JAN 2 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Randolph</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>H-15 S. 5<sup>th</sup> St.</u>		Length of stay in lb <u>35 years</u>		c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>GAIL WINTON POLLARD</u>		4. DATE OF DEATH <u>December-18-1962</u>		d. STREET ADDRESS (If outside, give location) <u>H-15 South Fifth St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>4-27-1893</u>		9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Company Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Monroe Co. Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Pollard</u>		13b. MOTHER'S MAIDEN NAME <u>Rovella Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Pollard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mrs. Hazel Pollard Moberly Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____					
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 _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>Dec 12th</u> to <u>Dec 18th</u> and last saw her alive on <u>Dec 18th</u>					
Death occurred at <u>3:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Thos. S. Fleming M.D.</u>				22b. ADDRESS <u>Moberly Mo</u>	
22c. DATE SIGNED <u>12-17-62</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec-20-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
23d. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>		23e. LOCATION (City, town, or county) <u>Moberly Missouri</u>		23f. STATE _____	
25. DATE RECD. BY LOCAL REG. <u>Dec 20-62</u>			26. REGISTRAR'S SIGNATURE <u>Lochell Laue</u>		

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

**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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.