

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9785

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 73

0740
4

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Clearmont, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Clearmont, Missouri	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home			
3. NAME OF DECEASED a. (First) Ida b. (Middle) Emma c. (Last) Pollock			4. DATE OF DEATH (Month) (Day) (Year) 3/18/50
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/12/1868
9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Clearmont, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME James Gray		13b. MOTHER'S MAIDEN NAME Rachell Haines	14. NAME OF HUSBAND OR WIFE Walter Pollock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Opal Pollock Britton Clearmont
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 24 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip Dec 25, 1949 331X1-	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Maryville	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec 25, 1949 , to Jan 27, 1950 , that I last saw the deceased alive on Jan 27, 1950 , and that death occurred at 145 m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.A. Ambler, M.D.		23b. ADDRESS Maryville, Mo.	23c. DATE SIGNED 3-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/50	24c. NAME OF CEMETERY OR CREMATORY Hazel Dell	24d. LOCATION (City, town, or county) (State) 4 mi east of Clearmont, Mo
DATE REC'D BY LOCAL REG. 3-25-50	REGISTRAR'S SIGNATURE Kess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)



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 _____
Student Embalmer

Signed Robert L. Souter

Licensed Embalmer No. 4782

P. O. Address Marysville, 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 this body is not embalmed, fact should be so stated above.