No. 300
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FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9802

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FARMINGTON RURAL St. Francois
c. LENGTH OF STAY (In this place): 7 Yrs 2M; 22D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Unknown) 0780
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): LESLEY
c. (Last): POLLARD

4. DATE OF DEATH (Month) March (Day) 6, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 8, 1891
9. AGE (In years last birthday): 59 — If under 1 year: Months 8, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charleston, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Pollard
13b. MOTHER'S MAIDEN NAME: Lucy Jane Winn
14. NAME OF HUSBAND OR WIFE: Effie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records, State Hospital No. 4, Farmington, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial Pneumonia - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: Abt. 4 das.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) — 491 X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? 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* Dec. 28, *19*49, *to* March 6, *19*51, *that I last saw the deceased alive on* March 6, *19*51, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan M.D.
23b. ADDRESS: State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED: 3-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 9, 1951
24c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: Mar. 9, 1951
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: H.S. Smith Funeral Home, Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 1 9 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 _____ working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed [signature]

Licensed Embalmer No. 4120

P. O. Address Farmington 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.