

No. 300
10. 48

FILED FEB 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. **6090**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **388**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Woberly		c. CITY (If outside corporate limits, write RURAL and give township) Woberly	
c. LENGTH OF STAY (in this place) 16 months		d. STREET ADDRESS (If rural, give location) 824 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 824 Garfield			

3. NAME OF DECEASED (Type or Print) WILLIAM HAROLD POLLARD			4. DATE OF DEATH (Month) (Day) (Year) Feb-14-1952		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct-20-1950	9. AGE (In years last birthday) 1	if UNDER 1 YEAR 4 Months	if UNDER 24 HRS. 0 Hours	if UNDER 2 HRS. 0 Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, specify retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Woberly Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Victor Pollard	13b. MOTHER'S MAIDEN NAME Bertha E. Mahoney	14. NAME OF HUSBAND OR WIFE	
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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 Victor Pollard Woberly Mo.		ADDRESS	
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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) Hypostatic pneumonia	DUE TO (b) Bacteremia			1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Malnutrition			3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Feb 13**, 1952, to **Feb 14**, 1952, that I last saw the deceased alive on **Feb 14**, 1952, and that death occurred at **8:00A** m., from the causes and on the date stated above.

23a. SIGNATURE W. H. McCormick (Degree or title) D.O.	23b. ADDRESS 300 1/2 Reed St. Woberly Mo.	23c. DATE SIGNED 2-15-52
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Feb-15-1952	24c. NAME OF CEMETERY OR CREMATORY Widow Grove	24d. LOCATION (City, town, or county) (State) Ash Missouri
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DATE REC'D BY LOCAL REG. Feb 15 52	REGISTRAR'S SIGNATURE W. H. McCormick	25. FUNERAL DIRECTOR'S SIGNATURE W. H. McCormick	ADDRESS Woberly Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

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 this body is not embalmed, fact should be so stated above.