

U.S. No. 200
REV. 10-48

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21260**

JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5805** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Township	
c. LENGTH OF STAY (in this place) 2 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION STOUTSVILLE		d. STREET ADDRESS (If rural, give location) STOUTSVILLE	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) ELIZABETH c. (Last) POLLARD			4. DATE OF DEATH (Month) (Day) (Year) June 30th 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH July 8th 1881		9. AGE (In years last birthday) 70 Months 11 Days 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	
11. BIRTHPLACE (State or foreign country) Monroe County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME STEVEN SCOBEE		13b. MOTHER'S MAIDEN NAME LUCY WHITE		14. NAME OF HUSBAND OR WIFE JOHN POLLARD	
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 AND ADDRESS Frank Pollard	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy				5 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac failure DUE TO (c) chronic myocarditis and age					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 **6-29 1952**, to **7-30 1952**, that I last saw the deceased alive on **3-30 1952**, and that death occurred at **7:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Wells S. Shurtman (Degree or title)		23b. ADDRESS Paris, Mo		23c. DATE SIGNED 7-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 2-1952		24c. NAME OF CEMETERY OR CREMATORY Florida Cemetery	
24d. LOCATION (City, town, or county) (State) Monroe County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS WILSON & SON, Monroe City Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0690
1

AUG 18 1952

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. Gibson*

Licensed Embalmer No. *3018*

P. O. Address *Memphis City, Tenn*

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.