

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3623

State File No.

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **12**

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S.
Jan 5

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) OR TOWN 9 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marshall Rest Home		d. STREET ADDRESS (If rural, give location) 673 South Salt Pond	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Marion c. (Last) Pollard			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25th, 1954.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 13, 1859
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months 5 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Concrete	11. BIRTHPLACE (State or foreign country) Shelby County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Addison Pollard		13b. MOTHER'S MAIDEN NAME Elizabeth Payne	14. NAME OF HUSBAND OR WIFE Lea Pollard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J.M. Pollard, Marshall, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis & decompensation ANTECEDENT CAUSES Supertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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)	443 X
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 12, 28, 1953 , to Jan 25, 1954 , that I last saw the deceased alive on Jan 25, 1954 , and that death occurred at 4:05A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. W. H. ...		23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 1/25/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
DATE REC'D BY LOCAL REG. 1-26-1954	REGISTRAR'S SIGNATURE Frederick J. Gray	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis, Marshall, Mo.	

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

James H. Lewis Jr.

Licensed Embalmer No.

4709

P. O. Address

Marshall, 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.