

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18039**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **725**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 yrs.		e. STREET ADDRESS (If rural, give location) 817 Vine St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Provey Rest Home 723 So. 11th St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MINNIE	b. (Middle) LEE	c. (Last) POLLARD	(Month) 7	(Day) 5	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-19-1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Polo, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel A. Cates	13b. MOTHER'S MAIDEN NAME Eliza Jane Divinia	14. NAME OF HUSBAND OR WIFE Wade Jacob 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 Norma DeLay
		ADDRESS 817 Vine St., City

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Ukn.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus with multiple hemorrhages.		
	ANTECEDENT CAUSES 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)
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 **3-2**, 19 **54** to **7-5**, 19 **54**, that I last saw the deceased alive on **7-2**, 19 **54**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D.	23b. ADDRESS 2801 Sacramento St. Joseph, Mo.	23c. DATE SIGNED 7-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-9-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Chas. E. Rupp
DATE REC'D BY LOCAL REG. July 8, 1954	REGISTRAR'S SIGNATURE Lothar M. Allison	ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

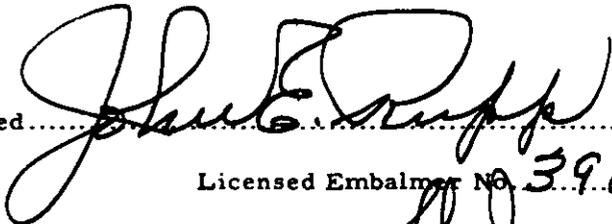
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

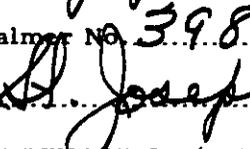
by me, ~~and~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 398

P. O. Address.....


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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.