

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8369**  
Registrar's No. **959**

FILED MAR 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>959</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>28 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				STREET ADDRESS (If rural, give location) <b>3834 East 61st St.</b>			
3. NAME OF DECEASED (Type or Print) <b>LILLIAN</b>		a. (First) <b>MYRTLE</b>		b. (Middle) <b>POLLARD</b>		c. (Last)	
4. DATE OF DEATH <b>March 1, 1955</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 12, 1892</b>		9. AGE (In years) last birthday <b>63</b>	
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>Wh</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Louis C. Huber</b>		13b. MOTHER'S MAIDEN NAME <b>Emma E.</b>		14. NAME OF HUSBAND OR WIFE <b>Harvey Pollard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harvey Pollard, 3834 E. 61st, K. C. Mo.</b>			
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) <b>Carcinoma of Stomach</b>		ANTECEDENT CAUSES				<b>Unknown</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				<b>151X</b>	
DUE TO (b) _____		DUE TO (c) _____				<b>3 Months</b>	
II. OTHER SIGNIFICANT CONDITIONS		<b>Coronary Occlusion</b>				<b>3 Months</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Stomach - Peritonitis</b>					
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)		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 <b>December 22, 1954</b> , to <b>March 1</b> , 1955, that I last saw the deceased alive on <b>February 28</b> , 1955, and that death occurred at <b>3:04 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>P.N. Johnstone</b>				23b. ADDRESS <b>1110 Bryant Bldg. Kansas City, Mo.</b>		23c. DATE SIGNED <b>March 3, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-3-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>-</b>		24d. LOCATION (City, town, or county) (State) <b>Wichita, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>3-3-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b> ADDRESS <b>K.C.MO.</b>			

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

*L. J. ... W. ...*  
*... + ...*  
*...*

*Exp 2956 22*

*...*

STATEMENT BY LICENSED EMBALMER

*Gerald*

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 .....  
Signature of Student Embalmer

Signed *Gerald A. Boyer*

Licensed Embalmer No. *4763*

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