

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8983

BIRTH NO. _____ REG. DIST. NO. 251- PRIMARY REG. DIST. NO. 5847 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY NODAWAY 0746		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODAWAY	
b. CITY OR TOWN RURAL NODAWAY TWP		c. CITY OR TOWN RFD. BURNINGTON JCT	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0746
c. LENGTH OF STAY (in this place) 15 YRS		e. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE			

3. NAME OF DECEASED (Type or Print) a. (First) VIRGIL b. (Middle) RAYMOND c. (Last) POLLOCK			4. DATE OF DEATH (Month) (Day) (Year) MARCH 18 1955		
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 4, 1904	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 9 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) WESTBORN MISSOURI		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME GLYDE POLLOCK	13b. MOTHER'S MAIDEN NAME DAISY FISHER	14. NAME OF HUSBAND OR WIFE CHARA LUCILLE BROOKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME CHARA LUCILLE POLLOCK ADDRESS BURL JCT 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None known		
	DUE TO (c) none known		
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 no operations	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) 4201
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 **not attended** _____, 19____, that I last saw the deceased alive on **not seen**, 19____, and that death occurred at **3 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lt. Dean Coroner M.D. Maryville Mo.	23b. ADDRESS ---	23c. DATE SIGNED 3-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-20-1955	24c. NAME OF CEMETERY OR CREMATOR OHIO CEMETERY
24d. LOCATION (City, town, or county) (State) BURNINGTON JCT MO	25. FUNERAL DIRECTOR'S SIGNATURE J. Dean Burl. Jct Mo ADDRESS ---	
DATE REC'D BY LOCAL REG. 3-26-55	REGISTRAR'S SIGNATURE Leslie Holt	

(Licensed Embalmer's Statement on Reverse Side)

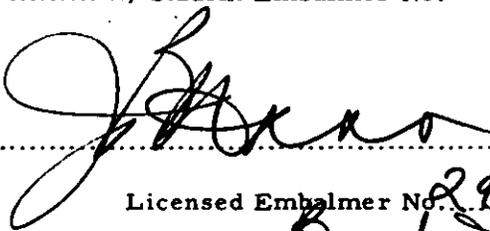
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 2 1958

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 2968
P. O. Address Burl. Ill.

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.