

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33956

STATE FILE NUMBER

4688

FILED NOV 15 1956

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

Health, Welfare & Public Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

LEO H. POLLOCK  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center				Length of stay in lb 8 days		d. STREET ADDRESS 526 n. Main	
3. NAME OF DECEASED (Type or print) Mae Birtie				First Middle Last May Ferguson		4. DATE OF DEATH October 29 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 12 - 1897	
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Seneca Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				13. FATHER'S NAME E.D. MURRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. —		17. INFORMANT Mrs. Ophelia Shoemaker Overland Pk. Ks. Address 8134 W. 78th	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) old extensive Myocardial infarction DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) MASSIVE GASEOUS DISTENSION SMALL BOWEL MYELOSPHINCTIC CONTRACTED RIGHT KIDNEY							INTERVAL BETWEEN ONSET AND DEATH 2 days 2 months 4:20
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		20g. STATE			
21. I attended the deceased from Oct 23, 1956 to Oct 29, 1956 and last saw her alive on Oct 29, 1956 Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Leo H. Pollock, M.D.				22b. ADDRESS Bryant Bldg. K.C. Mo		22c. DATE SIGNED 10/30/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Oct-30-1956		23c. NAME OF CEMETERY OR CREMATORY Mt-Hope Cemetery		23d. LOCATION (City, town, or county) Joplin Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons		ADDRESS 1331. BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 10-30-56		26. REGISTRAR'S SIGNATURE Vera Marshall	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Basil V. Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *F. C. D.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.