

FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

35001

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>TROLLA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. James - Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <u>McFarland - Rest Home</u>			Length of stay in lb <u>5 mo.</u>		d. STREET ADDRESS <u>miles</u>		Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Howard</u> First <u>M.</u> Middle <u>Pollock</u> Last				4. DATE OF DEATH <u>Oct. 18 - 1956</u> Month <u>Oct.</u> Day <u>18</u> Year <u>1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 21, 1873</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grain Storage Employee</u>		100. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Do Not Know</u>				14. MOTHER'S MAIDEN NAME <u>Do Not Know</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>572-12-4888</u>		17. INFORMANT <u>Howard Pollock</u>		Address <u>Beverly St. Louis</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombo-angietic obliterans</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis for advanced</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((a)) <u>4500</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 Mo</u>	
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		STATE	
21. I attended the deceased from <u>7-18-56</u> , to <u>10-18-56</u> and last saw <sup>her</sup> him alive on <u>10/8/56</u> Death occurred at <u>9:45 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>James W. Myers M.D.</u>				22b. ADDRESS <u>Trolla Mo</u>				22c. DATE SIGNED <u>10/23/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Oct. 20, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		23d. LOCATION (City, town or county) <u>St. James, MO.</u>		(State)	
24. FUNERAL DIRECTOR <u>Oral E. Lieblher - St James Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Oct. 23, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>			

RECEIVED

Phelps County Health Officer,

County File Number 562

Date Filed OCT 20 1956

EX-100 13  
875

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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Oral E. Licklider

Licensed Embalmer No. 35

P. O. Address St. Joe

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: