

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029915
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 278 Primary Registration District No. 3034 Registrar's No. 128

S. 300
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Diseases in Part I must be causally related. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EOLIA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSP.		Length of stay in lb 1 MONTH	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NORA ANN POLLARD			4. DATE OF DEATH Month Day Year AUG 20 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 21-1973
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 country) NEAR EOLIA MISSOURI
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME THOMAS RICHARDSON	
13b. MOTHER'S MAIDEN NAME MARY GRAFFORD		14. NAME OF HUSBAND OR WIFE BERNARD POLLARD	
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. NONE	17. INFORMANT Address JAMES P SMITH ST LOUIS MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis			Years
DUE TO (c) Smoking			Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 7-4-58 to 8-20-58 and last saw her alive on 8-20-58 Death occurred at 11:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert B. Brumbaugh D.O.		22b. ADDRESS Bowling Green, Mo	22c. DATE SIGNED 9-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 22-58	23c. NAME OF CEMETERY OR CREMATORY EOLIA CEMETARY	23d. LOCATION (City, town, or county) (State) EOLIA MISSOURI
24. FUNERAL DIRECTOR ADDRESS GEO M COLLIER. LOUISIANA MO		25. DATE RECD. BY LOCAL REG. SEP 4 1958	26. REGISTRAR'S SIGNATURE Bernice Collier

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.....

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.