Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039329

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 330

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jefferson City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 206 Pine Street — Length of stay in Ib: 25 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 0264 206 Pine Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JERRY Middle: MURRY Last: POLLOCK

4. DATE OF DEATH Month: Nov Day: 16th Year: '58

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept 3rd 1896

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (City and state or country): Boone County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: David Pollock

13b. MOTHER'S MAIDEN NAME: Elizabeth Ann Gibson

14. NAME OF HUSBAND OR WIFE: Ina Ruth Pollock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 1

16. SOCIAL SECURITY NO.: 490-07-3622

17. INFORMANT: Ina Ruth Pollock, Address: Jefferson City Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary thrombosis — 40 minutes
DUE TO (c): Arteriosclerotic heart disease — 3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 1958 to Nov. 16th 1958 and last saw him alive on 11/16/58
Death occurred at 12 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lawrence Jeffers DO

22b. ADDRESS: 420 E High Jefferson City

22c. DATE SIGNED: 11/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov 18th '58

23c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery

23d. LOCATION (City, town, or county) (State): Columbia Jefferson City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Tanner Service, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.: 17 November 1958

26. REGISTRAR'S SIGNATURE: R. P. Morris, MD

(Licensed Embalmer's Statement on Reverse Side)

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.

NOV 25 1958

NOV 20 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 Donald P. Freeman
Donald P. Freeman
Licensed Embalmer No. 4623
P. O. Address Jefferson City, 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.