

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041079  
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 291 Primary Registration District No. 5995 Registrar's No. 75

300  
-57

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sherman township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Powersville R.F.D.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Powersville R.F.D.		Length of stay in 1b Life Time		d. STREET ADDRESS (If outside, give location) Sherman Township	
3. NAME OF DECEASED (Type or print) First Middle Last Paul Vern Pollock			4. DATE OF DEATH Month Day Year Nov. 7 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 26 1900	
9. AGE (In years last birthday) 58		10. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Putnam County Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME D. W. Pollock		13b. MOTHER'S MAIDEN NAME Mabyn Buck		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. None		17. INFORMANT Don C. Pollock Unionville, 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) <i>Asphyxiation (Smoke)</i> DUE TO (b) <i>Libbing of body (Cause surface) fire to home burning to ground.</i> DUE TO (c) <i>Asphyxiation (Smoke)</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9480					INTERVAL BETWEEN ONSET AND DEATH 16
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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) <i>House caught fire &amp; patient could not get out</i>		20c. TIME OF INJURY Hour a.m. p.m. <i>7-58</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		20f. CITY, TOWN, OR LOCATION <i>15 miles N.W. of Powersville Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul J. Gudeo</i>			22b. ADDRESS Unionville Missouri		22c. DATE SIGNED 11-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 9-1958		23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
				23d. LOCATION (City, town, or county) (State) Unionville, Missouri	
24. FUNERAL DIRECTOR Comstock Funeral Home By <i>J. W. Comstock</i>			25. DATE RECD. BY LOCAL REG. 11-20-1958		26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James W. Comstock* ..... Licensed Embalmer No. *4197* ..... P. O. Address *Unionville, N.C.*

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.