

FILED JUL 16 1959

Registration District No. 226 Primary Registration District No. 5279 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion TWP		Length of stay in 1b		c. CITY OR TOWN Madison		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi N. W. Madison			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7 Mi N. W. Madison		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle NONE Last POLLARD				4. DATE OF DEATH Month July Day 4th Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-23-1878	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months -- Days --	IF UNDER 24 HR Hours -- Min. --			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Grain & Livestock		11. BIRTHPLACE (City and state or country) Monroe Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Billy Pollard			13b. MOTHER'S MAIDEN NAME Georgia Ann Lunstford			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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Clarence Pollard Address Madison, 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 Aneurysm							INTERVAL BETWEEN ONSET AND DEATH 2115		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Stroke							2110		
DUE TO (c) Arteriosclerosis									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. if deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 9:00 Month, Day, Year June 30		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 Madison		COUNTY Monroe	STATE Mo.
21. I attended the deceased from June 30 9:00 P.M. to July 4 and last saw him alive on June 30 Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wm. M. Higley M.D.				22b. ADDRESS Sum mo				22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-1959	23c. NAME OF CEMETERY OR CREMATORY Ash Cem.		23d. LOCATION (City, town, or county) (State) Ash, Monroe Co. Mo.					
24. FUNERAL DIRECTOR Thompson-Mackler ADDRESS Madison, Mo.			25. DATE RECD. BY LOCAL REG. July 9-1959		26. REGISTRAR'S SIGNATURE Elsie Robertson				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph R. Mack

Licensed Embalmer No. 4577

P. O. Address Madison

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