

MI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr Huber

59-041156

FILED VS. DEC 9 1959

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 72

STATE FILE NUMBER

EMMA CAGER  
13b  
BY AFFIDAVIT OF INFORMANT

DOCUMENT  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Caruthersville</u>		Length of stay in 1b		c. CITY OR TOWN <u>Caruthersville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>19th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Samson</u> Middle <u>Pollock</u> Last <u>Pollock</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>9th</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-20-1933</u>		9. AGE (last birthday) <u>26</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>		IF UNDER 24 HR Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Dekalb, Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Leo Pollock</u>				13b. MOTHER'S MAIDEN NAME <u>Emma M. Cager</u>				14. NAME OF HUSBAND OR WIFE <u>Memie Pollock</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>425-64-8440</u>		17. INFORMANT <u>Memie Pollock</u>		Address <u>309 E. 15th St. Caruthersville, Mo</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>ANEMIA</u> DUE TO (b) <u>GASTRIC POLYPOSIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 checked="" 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 _____ 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>3-4-59</u> to <u>9-3-59</u> and last saw her alive on <u>9-3-59</u> Death occurred at <u>Nov 9, 1959</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Alan S. Huber MD</u> (Degree or title)						22b. ADDRESS <u>Caruthersville, Mo</u>			22c. DATE SIGNED <u>11-17-59</u>				
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (city, town, or county) (State)						
<u>Burial</u>		<u>11-13-59</u>		<u>St. Paul</u>			<u>Caruthersville Mo</u>						
FINERAL DIRECTOR <u>John W. German</u>				ADDRESS <u>Hayti, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-59</u>		26. REGISTRAR'S SIGNATURE <u>Jessie B. Welke</u>					

**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 John M. Gorman

Licensed Embalmer No. 4355

P. O. Address Hayti, N.Y.

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.