

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS FEB 1 0 1960

-60-003929

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 1216** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>Roodhouse</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis-Little Rock Hosp., Inc.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>758 West Lorton</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Ellis</b> Last <b>Pollard</b>			4. DATE OF DEATH Month <b>February</b> Day <b>1</b> Year <b>1960</b>										
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-23-1905</b>		9. AGE (last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Inspector</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Roodhouse, Illinois.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Herman Pollard</b>				13b. MOTHER'S MAIDEN NAME <b>Nancy Monroe</b>				14. NAME OF HUSBAND OR WIFE <b>Malinda</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No. unknown) (If yes, give war or dates of service) <b>No. Nil.</b>			16. SOCIAL SECURITY NO. <b>709-10-9015</b>		17. INFORMANT Address <b>Malinda Pollard, 758 W. Lorton, Roodhouse Ill.</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Nephritis</b> DUE TO (c) <b>Diabetes</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260X</b>										INTERVAL BETWEEN ONSET AND DEATH <b>several weeks</b> <b>several months</b> <b>several years</b>			
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 _____ a.m. _____ p.m.		Month, Day, Year											
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 <b>January 4, 1960</b> to <b>February 1, 1960</b> and last saw <sup>65X</sup> him alive on <b>Jan. 31, 1960</b> Death occurred at <b>12:55 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Benjamin N. Mackey, Jr. M.D.</b>				22b. ADDRESS <b>1755 S. Grand Blvd.</b>				22c. DATE SIGNED <b>Feb. 1, 1960</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-2-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ferwood Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Roodhouse, Illinois.</b>						
24. FUNERAL DIRECTOR <b>Mackey Funeral Home</b>			ADDRESS <b>Roodhouse, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 2 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loard Smith, M.D.</b> <i>S.P.</i>						

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

*J. W. Binkley*  
Licensed Embalmer No. 36  
P. O. Address St. Louis

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.