

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023666

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 334

STATE FILE NUMBER

VS 300
Rev. 4/59

10499
29150

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4 1

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123-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED **JUL 2 1962**

1. **PLACE OF DEATH**
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb 1 week
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Cherokee
c. CITY OR TOWN Galena Inside Limits Yes No
d. STREET ADDRESS 712 East 5th (If outside, give location) Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Lilla Middle Belle Last Pollard 4. **DATE OF DEATH** Month June Day 27 Year 1962

5. **SEX** Female 6. **COLOR OR RACE** White 7. **Married** **Never Married** **Widowed** **Divorced** 8. **DATE OF BIRTH** 9/1/1867 9. **AGE** (last birthday) 94 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) Housewife 10b. **KIND OF BUSINESS OR INDUSTRY** Home 11. **BIRTHPLACE** (City and state or country) Louisville, Ky. 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** Franklin P. Johnston 13b. **MOTHER'S MAIDEN NAME** Elizabeth R. Marriner 14. **NAME OF HUSBAND OR WIFE** James M. Pollard

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** Irene Barnes Address Galena, Kansas

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. **DEATH WAS CAUSED BY:**
IMMEDIATE CAUSE (a) Intestinal Obstruction INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) Fractured Rt Hip 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Senility

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.** Yes No Unknown

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 3:30 a.m. Month, Day, Year June 27 1962

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.) Home 20f. **CITY, TOWN, OR LOCATION** Galena Cherokee Kansas COUNTY STATE

21. I attended the deceased from 1950 to 27 June 62 and last saw her 27 June 62 alive on 27 June 62
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Robert Powell M.D. 22b. **ADDRESS** Joplin, Mo 22c. **DATE SIGNED** 28 June 62

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Burial 23b. **DATE** June 30, 1962 23c. **NAME OF CEMETERY OR CREMATORY** Hillcrest 23d. **LOCATION** (City, town, or county) Galena Kansas (State)

24. **FUNERAL DIRECTOR** Kitch-Hurley Mortuary Galena, Ks. ADDRESS Galena, Ks. 25. **DATE RECD. BY LOCAL REG.** 6-30-1962 26. **REGISTRAR'S SIGNATURE** Novie Merriam

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.