

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012754

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 20 1963

Primary Registration District No. _____

Registrar's No. 44

STATE FILE NUMBER

VS 300
Rev. 4/59

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1286-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S. W. Marion		Length of stay in 1b 18 months		c. CITY OR TOWN Humansville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plesant View Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Edda Musetta Pollard			4. DATE OF DEATH Month 3 Day 15 Year 1963		
5. SEX Fe	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/73	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country). Fayette County, Ill.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Joseph M. Sapp		13b. MOTHER'S MAIDEN NAME Kathryn Ryan	
14. NAME OF HUSBAND OR WIFE Silas W. Pollard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of _____)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs Freda Simmons Humansville, Mo.		18. CAUSE OF DEATH (Enter only one cause, per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
IMMEDIATE CAUSE (a) acute heart failure		DUE TO (b) chronic myocarditis			
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza		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 a.m. p.m.	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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 63 to 3/15/63 and last saw her/him alive on _____ Death occurred at 8:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. M. M. ...			22b. ADDRESS Bohman Mo		22c. DATE SIGNED 3/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/17/63	23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		23d. LOCATION (City, town, or county) Humansville, Missouri
24. FUNERAL DIRECTOR Beckwith Funeral Home Humansville, Mo.			25. DATE RECD. BY LOCAL REG. Mar. 16 1963		26. REGISTRAR'S SIGNATURE Ralph Jordan per J.H.

Permit issued Mar. 16, 1963

J. B.

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hemannville, 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.