

S. No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1950

15037

State File No. \_\_\_\_\_

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>157</u>  |  | PRIMARY REG. DIST. NO. <u>3028</u>  |  | Registrar's No. <u>16</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |  |  |
| b. CITY OR TOWN <u>Carthage</u>   |  | c. LENGTH OF STAY (in this place) <u>5 days</u>  |  | c. CITY OR TOWN <u>Carthage</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1106 Olive St.</u>        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>   |  |  |  |   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>GEORGIA</u>  |  | b. (Middle) <u>ANN</u>   |  | c. (Last) <u>WILLIFORD</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan 27, 1950</u>             |  |
| 5. SEX <u>female</u>  |  | 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>   |  | 8. DATE OF BIRTH <u>Nov 17, 1870</u>                                     |  |
| 9. AGE (In years last birthday) <u>79</u>   |  | IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>   |  | IF UNDER 2 HRS. Hours <u></u> Min. <u></u>  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Cobden, Illinois</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                  |  |
| 13a. FATHER'S NAME <u>George Elms</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Susan Custer</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Emmett Williford</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>   |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.B. Caler, 1106 Olive, Carthage, Mo</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and infarction</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes Mellitus, Arteriosclerosis</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u><br><br><u>465X</u>     |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <u>Varicose veins, old Phlebitis</u>  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>    |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? _____  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>1-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-27</u> , 19 <u>50</u> , and that death occurred at <u>7:45a</u> m., from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <u>W. Russell Smith M.D.</u> (Degree or title)   |  |  |  | 23b. ADDRESS <u>Carthage, Mo.</u>   |  | 23c. DATE SIGNED <u>1-27-50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>  |  | 24b. DATE <u>Jan 29, 1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Jonesboro Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Jonesboro, Illinois</u> |  |
| DATE REC'D BY LOCAL REG. <u>Jan 28, 1950</u>  |  | REGISTRAR'S SIGNATURE <u>L.B. Clinton</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo.</u>   |  | ADDRESS _____  |  |

Per. of the Registrar (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-30-50  
Jasper County Health Office

County File Number 50-1-56

Date Filed 1-30-50

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 \_\_\_\_\_  
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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 this body is not embalmed, fact should be so stated above.