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0.48

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21168

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 3053 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	
c. LENGTH OF STAY (in this place) 4 yr.		d. STREET ADDRESS (If rural, give location) 506 Olive Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 Olive Street			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) BELLE c. (Last) WILLEFORD			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 17, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own None	11. BIRTHPLACE (State or foreign country) St. James, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Bottorff		13b. MOTHER'S MAIDEN NAME Mattha Allison		14. NAME OF HUSBAND OR WIFE Edwin C. Willeford	
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'S SIGNATURE OR NAME ADDRESS Mrs. Lucy McMahan Rolla, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility + hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 May 25, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. E. Freund, M.D.		23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 6-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
24d. LOCATION (City, town, or county) (State) St. James, Mo.					

DATE REC'D BY LOCAL REG. 6-10-50		REGISTRAR'S SIGNATURE Nadine L. Stoeckl		380		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Mullen		ADDRESS Rolla, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 6-19-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 this body is not embalmed, fact should be so stated above.