

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39511**

LEO NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) East Prairie		c. CITY (If outside corporate limits, write RURAL and give township) East Prairie	
c. LENGTH OF STAY (In this place) 18 yrs.		d. STREET ADDRESS (If rural, give location) Residence	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ADDIE	b. (Middle) ANNE	c. (Last) WILLIFORD	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1883
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 6 HRS.: Hours _____ Min. _____			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Bath Springs, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME James Pomeroy	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE James W. Williford
---	--	---

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 Charlie Williford - East Prairie, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pontine Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 **3-15**, 19**52**, to **10-4**, 19**52**, that I last saw the deceased alive on **10-4**, 19**52**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.B. Weiland M.D.	23b. ADDRESS East Prairie, Mo.	23c. DATE SIGNED 10-29-52
---	---------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 28, 1952	24c. NAME OF CEMETERY OR CREMATORY Oakwood	24d. LOCATION (City, town, or county) (State) Miss. Co., Mo.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 11-17-52	REGISTRAR'S SIGNATURE Gertrude S. Harper	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Clair's Shelby East Prairie
--	---	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 20 REC

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed NOV 21 1900

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. H 67

working under my personal supervision.

Student Travis W. Shelby Jr.
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Grand, 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.