

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12685**

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. Prairie, Mo.		c. CITY OR TOWN E. Prairie, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 701 Folk Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) William Clarence	b. (Middle) Pool	c. (Last) Pool	4. DATE OF DEATH (Month) (Day) (Year) April 12 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Pool	13b. MOTHER'S MAIDEN NAME Julia King Pool	14. NAME OF HUSBAND OR WIFE Josie Gardner Pool
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Phipps E. Prairie, Mo.	ADDRESS E. Prairie, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Cirrhosis Liver		
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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **July 14, 1953**, to **April 12, 1955**, that I last saw the deceased alive on **April 12, 1955**, and that death occurred at **745** m., from the causes and on the date stated above.

23a. SIGNATURE John Campbell D.O. (Degree or title)	23b. ADDRESS East Prairie Mo.	23c. DATE SIGNED 4-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 14, 1955	24c. NAME OF CEMETERY OR CREMATORY Dogwood	24d. LOCATION (City, town, or county) (State) Dogwood Mississippi, Mo.
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DATE REC'D BY LOCAL REG. 4-26-55	REGISTRAR'S SIGNATURE Gertrude G. Harper 1970	25. FUNERAL DIRECTOR'S SIGNATURE Edwin Willette	ADDRESS E. Prairie, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR

APR

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed MAY 6

MAY 6

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 *J. E. Miller* _____

Licensed Embalmer No. 46

P. O. Address E. Pratt

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.