

FILED AUG 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22952

STATE FILE NUMBER 398
Registrator's No.

44401-56 Registration District No. 43 Primary Registration District No. 3007

Health, Welfare Public Service
300 0
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Missouri		c. CITY OR TOWN Chicago	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hos.		d. STREET ADDRESS 1358 N. Damen	
Length of stay in 1b 1 day		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Vernon Lee Williford			4. DATE OF DEATH July 12 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME Paul Vernon Williford			14. MOTHER'S MAIDEN NAME Veda Lee Lawrence		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Paul Williford	
				Address	

18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Atelectasis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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.) 7620		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 **7-11-56** to **7-12-56** and last saw **him** alive on **7-12-56**
Death occurred at **11:54 am** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William E. Mc</i>	(Degree or title)	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 7-16-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-56	23c. NAME OF CEMETERY OR CREMATOR Post Oak Cemetery	23d. LOCATION (City, town, or county) McDougal	(State) Arkansas
24. FUNERAL DIRECTOR Russell-Ermert Funeral Home		ADDRESS Corning Arkansas	25. DATE RECD. BY LOCAL REG. 7/25/56	26. REGISTRAR'S SIGNATURE <i>R. H. Muecke</i>

(If Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 30 1966

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard O. Erma.....

Licensed Embalmer No. 78

P. O. Address Corning, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.