

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31421

No. 300  
10-48

State File No. ....

REC'D SEP 23 1952

REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5526 Registrar's No. ....

430

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Hickory</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Starke Lwms - 44RS</u> c. LENGTH OF STAY (in this place) <u>4 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Hickory</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0430</u> d. STREET ADDRESS (If rural, give location) <u>0</u>					
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>ERASMS</u> c. (Last) <u>Pomeroy</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>9-11-52</u>						
<b>5. SEX</b> <u>M D W</u>	<b>6. COLOR OR RACE</b> <u>M</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>1</u>	<b>8. DATE OF BIRTH</b> <u>Sept-1-1869</u>	<b>9. AGE</b> (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>10</u>	IF UNDER 2 HRS. Hours <u>10</u>	IF UNDER 15 MIN. Mins.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FORMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>FARMING</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Hilliards Michigan</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S</u>			
<b>13a. FATHER'S NAME</b> <u>Henry Pomeroy</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lucy Davis</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Florence Pomeroy</u>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO</b> <u>NO</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MRS Florence Pomeroy</u>				<b>ADDRESS</b> <u>332X</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)				<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Hypertension &amp; Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>332X</u>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from</b> <u>April 1, 1952</u> , to <u>9/11, 1952</u> , that I last saw the deceased alive on <u>4-2, 1952</u> , and that death occurred at <u>5 1/2</u> m., from the causes and on the date stated above.									
<b>23a. SIGNATURE</b> (Degree or title) <u>La Kloss M.D.</u>				<b>23b. ADDRESS</b> <u>Urbana Mo</u>			<b>23c. DATE SIGNED</b> <u>9/11/52</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removed</u>		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Urbana Mo</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>9-18-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>May Johnson</u>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Vaughan-Ryan</u>				<b>ADDRESS</b> <u>Urbana, Mo</u>

VS AUG 14 1958

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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 Allen W. Saugham.....

Licensed Embalmer No. 4156.....

P. O. Address Urbana, Ill......

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.