No. 300
10.48

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18820

BIRTH NO. _____ REG. DIST. NO. 48 PRIMARY REG. DIST. NO. 5173A Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Calloway Summit Twp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Summit Twp-Mo. River
c. LENGTH OF STAY (in this place): 4Yr.5 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Missouri State Penitentiary~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): Not Known

3. NAME OF DECEASED (Type or Print)
a. (First): Silas
b. (Middle): Hiawatha
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): 7 2 1949

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Not Known
8. DATE OF BIRTH: June 4, 1926
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Convict
10b. KIND OF BUSINESS OR INDUSTRY: Not Known
11. BIRTHPLACE (State or foreign country): Not known
12. CITIZEN OF WHAT COUNTRY?: Not Known

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Not Known
16. SOCIAL SECURITY NO.: Not Known
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Missouri State Penitentiary Hosp.

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) _____ — 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) Drowning in Neo River
attempting to rescue another
DUE TO (c) boy in trouble while
Swimming

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 ☐ NO ☒

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): Summit Twp Calloway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Accidental Drowning 14

22. *I hereby certify that I attended the deceased from* Dead when *19* Viewed *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Garrett Coroner 2
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 6/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 5, 1949
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Morrilton Arkansas

DATE REC'D BY LOCAL REG.: July 3-1949
REGISTRAR'S SIGNATURE: R. P. Dorris MS-NR 40
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sharpe J. Gordon Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 9 1949
District Health Officer No. 9,
District File Number

(JUL 16 1954)

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.

Signed G. N. Horiser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo

Signed _____
Student Embalmer

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.