

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48

FILED OCT 13 1954

State File No. **31590**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u> Registrar's No. <u>304</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>		
b. CITY OR TOWN <u>FARMINGTON-RURAL</u>		c. LENGTH OF STAY (in this place) <u>142-300 days</u>	c. CITY OR TOWN <u>FLAT RIVER</u>	d. Is residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #4</u>			• STREET ADDRESS (If rural, give location) <u>0942</u>		
3. NAME OF DECEASED (Type or Print) <u>Charles E. Williams</u>		b. (Middle) <u>E.</u>	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 15, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 4, 1899</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR: Months <u>6</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HARDING WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA TUCKER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Williams Doeran, Mrs</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			instantaneously		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>			unknown.		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with mental deficiency.</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 <u>Sept. 15, 1954</u> , to <u>Sept. 15, 1954</u> , that I last saw the deceased alive on <u>Sept. 15, 1954</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. A. Brennan M.D.</u> (Degree or title)			23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>9-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Libertyville</u>	24d. LOCATION (City, town, or county) (State) <u>Libertyville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u> <u>289</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Callwell Flat River, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0940

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 *R. Caldwell*.....

Licensed Embalmer No. *253*.....

P. O. Address *Flat R*.....

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.