

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33506

State File No. \_\_\_\_\_

FILED OCT 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>		b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN MERAMEC</b>		c. LENGTH OF STAY (in this place) <b>7 mos.</b>		c. CITY OR TOWN <b>SULLIVAN</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>NORTHSIDE HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) <b>036/0</b>					

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FREDRICK</b>	b. (Middle) <b>JAMES</b>	c. (Last) <b>WILLIAMSON</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>10 12 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>2-24-1922</b>	9. AGE (In years last birthday) <b>32</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Hours Min. <b>18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SNELLS CAFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BOURBON MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>HARRY WILLIAMSON</b>	13b. MOTHER'S MAIDEN NAME <b>LAURA FARRIS</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>498-20-1422</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry Williamson</b>	ADDRESS <b>Sullivan Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Compound Fracture of skull &amp; Internal Injuries</b>		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) _____ DUE TO (c) <b>In auto truck collision on Highway #66 about 2 miles East of Sullivan Mo</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Highway #66 about 2 miles East of Sullivan Mo</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>East of Sullivan Mo E8161 26</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #66</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Sullivan Meramec Franklin Mo</b> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct. 11, 1954</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>When truck hit them on right side of car</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Conrad L. Ottmann</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Sullivan, Missouri</b>	23c. DATE SIGNED <b>Oct. 12, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-14-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Rock Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rural of Sullivan MO</b>
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DATE REC'D BY LOCAL REG. <b>10/12/54</b>	REGISTRAR'S SIGNATURE <b>Thomasa. Nurnphay</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos P. Shoffer</b> ADDRESS <b>Sullivan Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

036/0

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 *J.M.K.*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul F. ...*

Licensed Embalmer No. *763*

P. O. Address *... ..*

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.