

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19111

State File No.

FILED JUN 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5574</u>		Registrar's No. <u>106</u>					
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>LOUISIANA</u> b. COUNTY <u>Unknown</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEE'S SUMMIT RURAL 1 WEEK</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY OR TOWN <u>HAMMOND</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Yes</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.W. BLANK RESIDENCE BLOCKS 2015 LAKE LOTAWANA</u>				STREET ADDRESS (If rural, give location) <u>Box 494 - City</u>							
3. NAME OF DECEASED a. (First) <u>GARY</u>			b. (Middle) <u>ALAN</u>		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 1955</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>AUGUST 13 1947</u>		9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>CHESTER A. WILLIAMS</u>				13b. MOTHER'S MAIDEN NAME <u>CATHERINE McHENRY</u>				14. NAME OF HUSBAND OR WIFE -----			
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 <u>CHESTER A. WILLIAMS</u>				ADDRESS <u>Box 494 Hammond Louisiana</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by Drowning</u>				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) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9298</u> <u>42</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, post office bldg., etc.) <u>Lake</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fishman MO</u>							
21d. TIME OF INJURY <u>6-9-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in Lake while fishing</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:55 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Hugh A. Owens, Coroner</u>				23b. ADDRESS <u>1034 Riatts Blvd</u>				23c. DATE SIGNED <u>6-10-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 10 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo. MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>6-10-1955</u>		REGISTRAR'S SIGNATURE <u>N. B. Longford</u>		25. FURNERIAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer</u>		ADDRESS <u>1337. BRUSH CREEK KANSAS CITY, MO.</u>					

(Licenses and Embalmer's Statement on Reverse Side)

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

JUN 23 1955

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 *Albert J. Savage*.....

Licensed Embalmer No. *48*

P. O. Address *Ames*

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