

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21735**

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5431		Registrar's No. 529	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Prairie)		c. LENGTH OF STAY (in this place) 59 yrs		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lonedell Route				e. STREET ADDRESS (If rural, give location) Lonedell Route, Prairie Twp			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) A. c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) June 27, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 31, 1896	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Mt. Hope, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Williams		13b. MOTHER'S MAIDEN NAME Cornelia Cardwell		14. NAME OF HUSBAND OR WIFE Olive Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Olive Williams ADDRESS Lonedell, MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound in DUE TO (c) left side of chest. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 976X					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Clair Prairie Franklin Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 27 1955 11 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Ernest R. Oltmann Coroner (Degree or title)				23b. ADDRESS Leased Mo		23c. DATE SIGNED June 27, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-30-55		24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery		24d. LOCATION (City, town, or county) (State) Lonedell, Mo.	
DATE REC'D BY LOCAL REG. 6-28-55		REGISTRAR'S SIGNATURE Floyd Williams		511-0		25. FUNERAL DIRECTOR'S SIGNATURE Cassey & Lemert ADDRESS St. Clair, Mo	

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

JAN 22 1955

JAN 11 1957

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 *H. M. Leno*

Licensed Embalmer No. *360*

P. O. Address *St. Clair*

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.