

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3108

318

1003

Registrar's No. 343

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY _____					
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <i>Murphyboro</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pac. Hosp</i>				e. STREET ADDRESS (If rural, give location) <i>5 S. 1st St. 8168</i>					
3. NAME OF DECEASED (First) <i>Roosevelt</i>			b. (Middle) _____		c. (Last) <i>Williams</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1 9 56</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>C</i>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>5. 2. 17</i>		9. AGE (In years last birthday) <i>38</i> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad Co.</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13a. FATHER'S NAME <i>Tom Williams</i>			13b. MOTHER'S MAIDEN NAME <i>Unk</i>			14. NAME OF HUSBAND OR WIFE <i>Emma Lou</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. <i>Unk</i>		17. INFORMANT'S SIGNATURE OR NAME <i>William Williams</i> ADDRESS <i>above</i>				
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 <i>Malignant Hypertension</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Chronic Glomerulo Nephritis</i> <i>Unk</i> <i>Unemia</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
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 <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) _____		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 <i>12. 22</i> , 19 <i>55</i> , to <i>1. 9</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>1. 8</i> , 19 <i>56</i> , and that death occurred at <i>3: 25 P.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Charles Brown, M.D.</i>				23b. ADDRESS <i>1755 S. Grand.</i>				23c. DATE SIGNED <i>1-10-56.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>1-11-56</i>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <i>Carbondale, Illinois</i>			
DATE REC'D BY LOCAL REG. <i>JAN 11 1956</i>		REGISTRAR'S SIGNATURE <i>Charles Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Russell Unk. Co. 2732 Pine</i>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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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 *James A. Carter*.....

Licensed Embalmer No. *11*.....

P. O. Address *J. Carter*.....

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.