

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6055**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Randolph</b>	c. LENGTH OF STAY (in this place) <b>15 yrs.</b>	c. CITY OR TOWN	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 <b>Elvins RRI.</b>		e. STREET ADDRESS (If rural, give location) <b>Elvins RRI. Randolph Twp/</b>	

3. NAME OF DECEASED (Type or Print) <b>Charles</b>	a. (First)	b. (Middle) <b>Fred</b>	c. (Last) <b>Williams</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18, 1956</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>Married</b>	8. DATE OF BIRTH <b>3/1/1898</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Month <b>11</b> Day <b>17</b>	IF UNDER 24 HRS. Hours <b>14</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool Crib Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electric</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Desloge, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Andrew Thomas Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Bell Moore</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle Williams</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-03-2741</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Williams, Elvins RR-1, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>331x</b>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from several years ago, 19\_\_\_, that I last saw the deceased alive on Feb. 14, 1956, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Theodore Paul D.O.</b>	23b. ADDRESS <b>Flat River, Mo.</b>	23c. DATE SIGNED <b>2/20/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/21/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Workman Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 20, 1956</b>	REGISTRAR'S SIGNATURE <b>Ether Redloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.Z. Boyer &amp; Son.</b>	ADDRESS <b>Desloge, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 14 1956

MAR 14 1956

MAR 14 1956

MAR 16 1956

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 *B. T. Boyer*

Licensed Embalmer No. *36*

P. O. Address *Alcalá*

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.