

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11300  
State File No. 2015  
Registrar's No.

FILED MAR 18 1957

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1013 N. Leffingwell Avenue</b>		19 <b>2/29</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Tommie</b>		b. (Middle) <b>L</b>		c. (Last) <b>Williams</b>		4. DATE OF DEATH Month <b>2</b> Day <b>24</b> Year <b>57</b>			
5. SEX <b>2</b> <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6-3-1918</b>		9. AGE (In years last birthday) <b>38</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>21</b> IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Joe Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Thomas</b>			14. NAME OF HUSBAND OR WIFE <b>Lizester Williams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <b>No</b>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>432-36-4880</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lizester Williams 3919 Cote Brillante</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Hypertension</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</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 <b>445x</b>						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) (Min.)		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 <b>1/25</b> , 19 <b>57</b> , to <b>2/24</b> , <b>57</b> , that I last saw the deceased alive on <b>2/24</b> , 19 <b>57</b> and that death occurred at <b>10:30</b> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <b>V. C. Payne</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3146 a hae led</b>		23c. DATE SIGNED <b>2/27/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-1-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friendship</b>		24d. LOCATION (City, town, or county) (State) <b>Marianna, Arkansas</b>			
DATE REC'D BY LOCAL REG. <b>FEB 28 '57</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, Inc. 2820 Stoddard St.</b>				

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

**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 *Fulton E. Culkin* .....

Licensed Embalmer No. *4198* .....

P. O. Address *St. Louis, Mo.* .....

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.