

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

398277

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 646

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CLAIR</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>ST. CLAIR</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FARRIS ELY WILLIAMS</u>			4. DATE OF DEATH Month Day Year <u>NOV. 24 1957</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 10, 1917</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months Days <u>1 14</u>	IF UNDER 24 HRS. Hours Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BROKER</u>	11. BIRTHPLACE (City and state or country) <u>FRANKLIN COUNTY</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>HOWARD DONALD WILLIAMS</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGIE MOTHERSHEAD</u>		14. NAME OF HUSBAND OR WIFE <u>MABLE WILLIAMS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WARS NAVY</u>		16. SOCIAL SECURITY NO. <u>499-12-4967</u>	17. INFORMANT <u>Mabel Williams</u> Address <u>St. Clair, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BASAL SKULL FRACTURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SUBJECT WAS PASSENGER IN AUTOMOBILE</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>8:30 p.m. 11/24/57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>4 1/2 MILES EAST ST. CLAIR</u>	
20e. CITY, TOWN, OR LOCATION <u>FRANKLIN</u>		20f. COUNTY STATE <u>FRANKLIN MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Shemuel W. Kitchell</u>		22b. ADDRESS <u>Union Mo.</u>	
22c. DATE SIGNED <u>27-11-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 27, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PROSPECT CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>LONEDELL MO.</u>
24. FUNERAL DIRECTOR <u>Shemuel W. Kitchell</u>		25. DATE RECD. BY LOCAL REG. <u>11/25/57</u>	26. REGISTRAR'S SIGNATURE <u>Floyd Williams</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 13 1957

MAR 10 1958

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 *Sheppard W. Kitchell*

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, 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.