

Health,
& Welfare
Public
h Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036183
STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 906

5. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Windsor
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Length of stay in 1b 16 yrs.	d. STREET ADDRESS 103 County Line Rd.
3. NAME OF DECEASED (Type or print) First Karl Middle Raymond Last Williams Jr.		4. DATE OF DEATH Month Oct. Day 7 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-11-1942
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Eldon, Mo.
13a. FATHER'S NAME Karl Williams		13b. MOTHER'S MAIDEN NAME Ethel Byrd	14. NAME OF HUSBAND OR WIFE —
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 Karl Williams Address Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Trauma DUE TO (c) Accident			INTERVAL BETWEEN ONSET AND DEATH 12 hrs 12 hrs 12 hrs
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.) Auto Accident - Pinned across pelvis by the frame of the car	
20c. TIME OF INJURY Hour 10:30 Month, Day, Year 10/6/58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Road	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Windsor Mo. COUNTY 3N 2W Johnson STATE Mo.	
21. I attended the deceased from Death occurred at 10:30 on 10/7/58 to 10/7/58 and last saw him alive on 10/7/58 at A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William Smith (Degree or title)		22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 10/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-9-58	23c. NAME OF CEMETERY OR CREMATOR Laurel Oak
24. FUNERAL DIRECTOR Huston, Ellis ADDRESS Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 10 16-58	26. REGISTRAR'S SIGNATURE Mildred Bigum

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 *Clifford George*

Licensed Embalmer No. *5014*

P. O. Address. *Windsor, 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.