

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043579

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No.

75

Primary Registration District No.

3815

Registrar's No.

147

300
-57

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAMERON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CAMERON</u> 0251 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>621 E 5th St</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>621 E 5th St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>VICTOR RAY WILLIAMS</u>			4. DATE OF DEATH Month Day Year <u>12 19 58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Feb 21-1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>	9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
11. BIRTHPLACE (City and state or country) <u>Bosworth, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>M.R. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Siddie V Denning</u>	14. NAME OF HUSBAND OR WIFE <u>Ella 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 World War II</u>		16. SOCIAL SECURITY NO. <u>500-36-1860</u>	17. INFORMANT Address <u>Ella Williams Cameron 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>Asphyxiation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Stenogulation</u> DUE TO (c) <u>Suicidal hanging</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychotic tendencies</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Self administered hanging.</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>9:00 a.m. 12/19/58</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Cameron 025 Clinton, Mo.</u>	
21. I attended the deceased from <u>never</u> , to _____, and last saw her/him alive on _____ Death occurred at <u>9:07 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. Brumie, D.O. County 3</u>		22b. ADDRESS <u>Lathrop, Mo</u>	22c. DATE SIGNED <u>12/19/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 21-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sharonland cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Poland Funeral Home Cameron Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 20-58</u>	26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Robert F Poland*

Licensed Embalmer No. *4777*
P. O. Address *222 West 2nd St*
Compton

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.