

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004214
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 356 Primary Registration District No. 6207 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Roby 1070 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 17 near		d. STREET ADDRESS (If outside, give location) 3 yrs	
3. NAME OF DECEASED (Type or print) Leonard Luther Williams		4. DATE OF DEATH Month 1 Day 12 Year 59	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-16-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bloodland, Mo.
13a. FATHER'S NAME Wesley Williams		13b. MOTHER'S MAIDEN NAME Malinda Williams	14. NAME OF HUSBAND OR WIFE Mary E.
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 Address Mary E. Williams - Roby, 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) Intra-cranial Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Severe Secondary to gunshot DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) Struck 22-Rifle Barrel to forehead & pulled the trigger	
20c. TIME OF INJURY Hour 11:30 a.m. 7 p.m. Month, Day, Year Jan. 12/59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home	
20e. CITY, TOWN, OR LOCATION Roby		20f. COUNTY Mo.	
21. I attended the deceased from 1/12/59 to 1/12/59 and last saw him alive on 1/12/59 Death occurred at 1:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. J. Burns, md. (Degree or title)	
22b. ADDRESS Houston, Mo.		22c. DATE SIGNED 1/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-14-59	
23c. NAME OF CEMETERY OR CREMATORY Palace Cemetery		23d. LOCATION (City, town, or county) (State) Palace, Missouri	
24. FUNERAL DIRECTOR Raymond E. Duff-Houston, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 26-59	
26. REGISTRAR'S SIGNATURE Myrtle Craig			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 1 1959

APR 3 1959

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 *Frank E. Hand*

Licensed Embalmer No. *4026*

P. O. Address *Houston, TX*

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.