

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010153
STATE FILE NUMBER

FILED APR 13 1959 Registration District No. 206 Primary Registration District No. 5767 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>ST. MICHAEL TWP.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>PINE LAWN MO</u> Inside Limits <u>4000</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR IN AMBULANCE ON INSTITUTION <u>WAY TO OREG. OFFICE</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>4208 BRANDYWINE</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>WARREN DEAN WILLIAMS</u> First Middle Last			4. DATE OF DEATH <u>APRIL 5 1959</u> Month Day Year
5. SEX <u>MALE</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 7 1939</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILITARY</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>AIR FORCE</u>	9c. AGE (In years last birthday) <u>20</u> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILITARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AIR FORCE</u>	10c. BIRTHPLACE (City and state or country) <u>UNKNOWN 9</u>
11. BIRTHPLACE (City and state or country) <u>UNKNOWN 9</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>UNKNOWN</u>		14. MOTHER'S MAIDEN NAME <u>WILMA SIMS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES PRESENT</u>		16. SOCIAL SECURITY NO. <u>570-48-210</u>	
17. INFORMANT <u>FERDINAND DILALLO</u>		Address <u>7027 EDISON ST. LOUIS CO.</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>Chest Crushed with Fractured ribs on left</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Not seen before Death, CE Michael's</u>			
DUE TO (c) <u>investigated by coroner Gray Wilson</u>			
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"/> <u>2</u>
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>CAR. WRECK.</u>	
20c. TIME OF INJURY Hour a. m. <u>10:50</u> Month, Day, Year <u>4-5-59</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>Highway 67</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>COLDWATER WAYNE MO.</u>
21. I attended the deceased from _____, to _____ and last saw her 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 of MD) <u>Lorence Hicks</u>		22b. ADDRESS <u>106 Selvue St. Fredericktown Mo.</u>	22c. DATE SIGNED <u>4-6-1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>4-6-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NAPA CALIF.</u>	23d. LOCATION (City, town, or county) (State) <u>NAPA CALIF.</u>
24. FUNERAL DIRECTOR ADDRESS <u>ADAMSON-WEBB FREDERICKTOWN</u>		25. DATE RECD. BY LOCAL REG. <u>4-6-1959</u>	26. REGISTRAR'S SIGNATURE <u>Lorence Hicks</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAY 13 1959

MAY 28 1959

REGISTRATION NO. 488-37

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 *Raymond B. Williams*.....

Licensed Embalmer No. *48*

P. O. Address *Frederick*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.