

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012778

STATE FILE NUMBER

5327  
5329

19

Registration District No. 28 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**FILED MAY 12 1959**

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Twmsp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Cuba, Missouri</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>On Hwy NN</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Oscar W Williams</u>			4. DATE OF DEATH Month Day Year <u>May 4, 1959</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>May 6, 1919</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days <u>11 28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Reddy Mix Concrete, Chandler, Okla.</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Nathan Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Lana Kleager</u>		14. NAME OF HUSBAND OR WIFE <u>Ida</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. 2</u>	16. SOCIAL SECURITY NO. <u>499-12-4746</u>	17. INFORMANT <u>Mrs. Ida Williams, Rte 1, Cuba, Mo.</u>
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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>Instant death caused by severe crushing of head in truck accident (Coroner's inquest held May 5, 1959)</u>		INTERVAL BETWEEN ONSET AND DEATH
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>Was driving Concrete Mixer truck for Geo. Marr. NO one witnessed the accident. Apparently truck went out of contril on hill and turned over.</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>May 4, 1959</u> p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Hwy NN</u>	20f. CITY, TOWN, OR LOCATION <u>Crawford, Missouri</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Henry M. Jones</u> (Degree or title)	22b. ADDRESS <u>Steelville, Missouri</u>	22c. DATE SIGNED <u>May 7-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carr Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cook Station, Mo.</u>
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24. FUNERAL DIRECTOR <u>Shanklin Funeral Home, Cuba, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5/11/59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

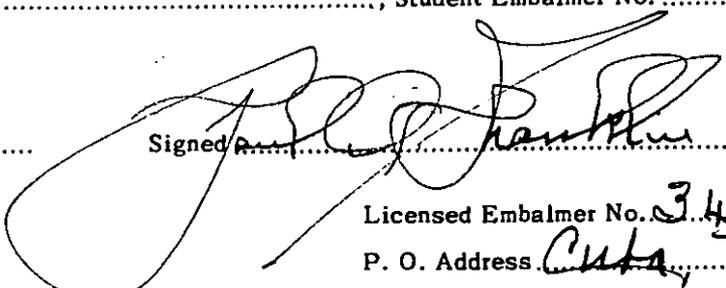
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STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.