Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013946
STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 172 Primary Registration District No. 5642 ~~4273~~ Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Lafayette	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Concordia Mo — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Kansas City 3328 c — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 — Length of stay in 1b hour	d. STREET ADDRESS (If outside, give location) 2011 E. Garfield Circle — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edward Middle Booker Last Williams

4. DATE OF DEATH Month 5 Day 8 Year 1959

5. SEX Male 2 — 6. COLOR OR RACE Colored — 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 1 — 8. DATE OF BIRTH October 1, 1911 — 9. AGE (In years last birthday) 47 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk — 10b. KIND OF BUSINESS OR INDUSTRY Railroad — 11. BIRTHPLACE (City and state or country) Texarcana, Texas — 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Williams — 13b. MOTHER'S MAIDEN NAME Evelyn Jones — 14. NAME OF HUSBAND OR WIFE Vivian A. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 496-22-5447 — 17. INFORMANT Nettie Williams 4615 Address A McMillan St. Louis Mo.

MEDICAL CERTIFICATION

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 & hemorrhage due to multiple fractures of chest & extremities sustained

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) in a motor car collision on No 40 highway

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☐ 0

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Motor Car Collision

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

054

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No. 40 Highway

20f. CITY, TOWN, OR LOCATION Concordia COUNTY Lafayette STATE Mo

21. I attended the deceased from after death on 5-9-59 and last saw her/him alive on never

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Martin Mo Coroner 3 — 22b. ADDRESS Odessa Mo — 22c. DATE SIGNED 5-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 5-11-59 — 23c. NAME OF CEMETERY OR CREMATORY — 23d. LOCATION (City, town, or county) (State) St Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton — 25. DATE RECD. BY LOCAL REG. May 11-1959 — 26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

W. E. Martin M.D. Coroner

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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AUG 13 1959

AUG 18 1959

AUG 18 1959

VS DEC 29 1969

MAY 26 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 Bruce R. Watkins

Licensed Embalmer No. 45-ad

P. O. Address 18th & Beat

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.