

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-031517**

**FILED VS AUG 25 1960**

267

Primary Registration District No. 3049

Registrar's No. 141

STATE FILE NUMBER

UNRECORDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pemissot</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Makes Buffet</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemissot</u> c. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Rt #1 Highway 84 west</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Leonard Cameron Williams</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>August 13, 1960</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Oct 6, 1925</u>	<b>9. AGE</b> (last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>7</u> Days _____ Hours _____ Min. _____ IF UNDER 24 HR Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Welding</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Air Force Base</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Hamilton Alabama</u>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>William P. Williams</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Kinca Palmer</u>			
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Connie C Williams</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of serv[ice]) <u>yes</u>		<b>16. SOCIAL SECURITY NO.</b> <u>373-20-0447</u>			
<b>17. INFORMANT</b> <u>Connie Williams</u>		<b>Address</b> <u>Hayti, Mo.</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun-shot wounds in chest and abdomen</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input checked="" type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Shot by police, resisting arrest, acting in line of duty</u>					
<b>20c. TIME OF INJURY</b> Hour <u>9:10</u> p.m. Month, Day, Year <u>8-13-60</u>							
<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Bar Room</u>		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE <u>Hayti, Pemissot, Mo.</u>			
<b>21. I attended the deceased from</b> _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22. SIGNATURE</b> (Degree or title) <u>James A. Palmer Coroner</u>			<b>22b. ADDRESS</b> <u>Wards, Mo.</u>		<b>22c. DATE SIGNED</b> <u>8-15-60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>23b. DATE</b> <u>8-16-60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kennett Missouri</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>John W. Herman Hayti, Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-16-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Charlotte E. Sloan</u>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 1960

AUG 29 1960

1961 J. T. AON

APR 19 1962  
API.

FEB  
8 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John H. German*

Licensed Embalmer No. 4355

P. O. Address Hayti, N

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.