ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

61-020325
STATE FILE NUMBER

AMENDED

Registration District No. 14 Primary Registration District No. 5066 Registrar's No. 9

FILED JUL 12 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: South West Township — Length of stay in 1b: 1 Hr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ½ M. South of Mindenmines — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Iantha — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ROBERT Middle LYNN Last WILLIAMS
4. DATE OF DEATH: Month July Day 4 Year 1961
5. SEX: Male
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-29-1939
9. AGE (last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Dallas, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: D. C. Williams
13b. MOTHER'S MAIDEN NAME: Nora Sipes
14. NAME OF HUSBAND OR WIFE: Linda Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mr. D.C. Williams, Iantha, Missouri

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): DROWNING — INTERVAL BETWEEN ONSET AND DEATH: —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): NONE
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year —
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.) —
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from —, to — and last saw him alive on —
Death occurred at approximately 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Thomas Darnell, MD (CORONER) — (Degree or title)
22b. ADDRESS: 120 Burg Street Lamar, Missouri
22c. DATE SIGNED: 7/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 6, 1961
23c. NAME OF CEMETERY OR CREMATORY: Iantha,
23d. LOCATION (City, town, or county) (State): Iantha, Missouri

24. FUNERAL DIRECTOR: Konantz Funeral Home — ADDRESS: Lamar, Missouri
25. DATE RECD. BY LOCAL REG.: July 7, 1961
26. REGISTRAR'S SIGNATURE: Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.