

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-027501

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7109 STATE FILE NUMBER

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Colorado</u> b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis, Missouri.</u>		c. CITY OR TOWN <u>Aurora</u>	
Length of stay in 1b <u>DOA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1773 Newark Street.,</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Houston</u> Middle <u>S.</u> Last <u>Williams</u>			4. DATE OF DEATH Month <u>July</u> Day <u>27</u> Year <u>1961.</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>12/2/1910</u>	9. AGE (last birthday) <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rate Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Pacific R.R. Texarkana, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Orr</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>			17. INFORMANT Address <u>Mrs. Agnes Williams, 1773 Newark Street.,</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) Exsanguination; suffered when deceased slashed parts of body in bath tub at Terminal Hotel, 1920 Market Street, on or about July 24, 1961 while suffering from temporary aberration.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. suicide

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) 977X

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.)
see above

20c. TIME OF INJURY? Hour _____ a.m. _____ p.m. Month, Day, Year 7-24-61

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.)
Hotel room

20f. CITY, TOWN, OR LOCATION St. Louis, Mo COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

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

22a. SIGNATURE Paul Jensen (Doctor or title) Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 7/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 7/31/61

23c. NAME OF CEMETERY OR CREMATORY Local

23d. LOCATION (City, town, or county) Kansas City, Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd. ADDRESS _____

25. DATE RECD. BY LOCAL REG. JUL 31 1961

26. REGISTRAR'S SIGNATURE Paul Smith. M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 27 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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washn
St. Louis,

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.