

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033515
STATE FILE NUMBER

AMENDED

Registration District No. 181 Primary Registration District No. 5675 Registrar's No. 27

FILED SEP 21 1961

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Hurricane Township</u>		Length of stay in lb <u>D.O.A.</u>	c. CITY OR TOWN <u>St. Ann</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Prairie Slough</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10950 St. Francis La.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Timothy</u> Middle <u>J.</u> Last <u>Williams</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>10</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/22/1946</u>	9. AGE (last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u>15</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leo E. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Schneider</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Leo E. Williams</u>	Address <u>10950 St. Francis</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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Shotgun Wound of Right Parietal Region.</u>		<u>Inst.</u>
Massive destruction of brain & Skull.		
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)	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
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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>Subject hunting squirrels, tripped on vine causing gun to be discharged, shot striking victim in right parietal region of skull.</u>
20c. TIME OF INJURY <u>4:30</u>	Hour <u>4:30</u> p.m. Month, Day, Year <u>9/10/61</u>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Prairie Slough woods</u>	20f. CITY, TOWN, OR LOCATION <u>Hurricane Twp. Lincoln Co. Mo.</u>	COUNTY <u>Lincoln</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <u>Joseph J. Marsh Sr.</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>351 Monroe St. Troy, Mo.</u>	22c. DATE SIGNED <u>9/11/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/14/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery Florissant, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>Collier Mortuary, St. Ann, Mo.</u>	ADDRESS <u>St. Ann, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9/16/1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>
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DATE AMENDED

INSTEAD OF THIS RECORD CAN BE FILED IN THIS RECORD

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

SEP 21 1967

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann

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.