

FILED JAN 19 1950

STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 5031		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <b>ADRAIN</b>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ADRAIN</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL - QUIBUE</b> )		c. LENGTH OF STAY (In this place) <b>2</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL - QUIBUE TOWNSHIP</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 MI. Southwest of VANDALIA</b>				d. STREET ADDRESS (If rural, give location) <b>10 MILES SOUTHWEST OF VANDALIA</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LESLIE</b>		b. (Middle) <b>ALBERT</b>		c. (Last) <b>WILLIAMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 11 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 16</b>	9. AGE (In years last birthday) <b>53</b>	If UNDER 1 YEAR: Month <b>9</b> Day <b>26</b>	If UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILROAD - RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROADING</b>		11. BIRTHPLACE (State or foreign country) <b>AVA ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ALBERT W. WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA C. LENDININ</b>		14. NAME OF HUSBAND OR WIFE <b>ALOIS ALICE WILLIAMS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>702-12-6115</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alice Alice Williams</b> ADDRESS <b></b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidentally shot by self with shot gun in neck &amp; face</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>shot gun in neck &amp; face</b> DUE TO (c) <b>with jury verdict</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Accident. was found dead by wife (Alice Alice Williams)</b>				INTERVAL BETWEEN ONSET AND DEATH <b></b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b></b>		20. AUTOPSY? <b>9 9 90</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP, COUNTY, STATE <b>Vandalia 10 Miles S. W. Adrain Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan. 11 1950 9:25</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Accidental discharging of shot gun</b>			
22. I hereby certify that I attended the deceased from <b>Coronico Cape</b> , 19___, that I last saw the deceased alive on <b>Jan 11</b> , 19 <b>50</b> , and that death occurred at <b>9 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A. C. Adams M.D. Coronico</b>		23b. ADDRESS <b>Mexico, Mo.</b>		23c. DATE SIGNED <b>1-11-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 13 - 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT OLIVET</b>		24d. LOCATION (City, town, or county) (State) <b>ADRAIN County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jan. 13, 1950</b>		REGISTRAR'S SIGNATURE <b>Theo. Alford MD Reg. Reg.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. S. Waters</b> ADDRESS <b>Vandalia, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1158

11580A

11580A

RECEIVED JAN 17 1950  
District Health Officer No. 11580A  
District File Number 11580A  
Date Filed JAN 17 1950

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 \_\_\_\_\_  
Student Embalmer

Signed William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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 this body is not embalmed, fact should be so stated above.