

STANDARD CERTIFICATE OF DEATH

State File No. **32474**
Registrar's No. **163**

FILED NOV 13 1951

BIRTH NO. **27023-51** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5036**

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL # Wilson's mo		c. CITY (If outside corporate limits, write RURAL and give township) THOMPSON WILSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION THOMPSON, MO		d. STREET ADDRESS (If rural, give location) RFD #1	

3. NAME OF DECEASED (Type or Print) a. (First) RANDALL b. (Middle) FRANKLIN c. (Last) KILLIAM	4. DATE OF DEATH (Month) (Day) (Year) OCT 28-1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 2-1951	9. AGE (In years last birthday) 5 Months 26 Days	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BBY	10b. KIND OF BUSINESS OR INDUSTRY BBY	11. BIRTHPLACE (State or foreign country) MEXICO, MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME BERNARD KILLIAM	13b. MOTHER'S MAIDEN NAME DOROTHY HERMANN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME BERNARD KILLIAM - Thompson	ADDRESS Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown's Col, no inj. Found dead in crib		INTERVAL BETWEEN ONSET AND DEATH
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ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shangled on milk from nursing bottle	DUE TO (c) in its home death occurred	No evidence E. 9210-22
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. of violence or foul play	19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accidental	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) North of Thompson Audrain Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT 28 1951 2:30 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shangled on bottle of nursing milk
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22. I hereby certify that I attended the deceased from **Crown's Col**, 19**51**, that I last saw the deceased **Almond Oct 28, 1951**, and that death occurred at **2:30 a m.**, from the causes and on the date stated above.

23a. SIGNATURE S. C. Adams M.D. Crown	(Degree or title)	23b. ADDRESS Mo	23c. DATE SIGNED 10-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10-29-51	24c. NAME OF CEMETERY OR CREMATORY Sedrickville, Cem	24d. LOCATION (City, town, or county) (State) SEDRICKVILLE, MO
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DATE REC'D BY LOCAL REG. Oct 29-1951	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Chas. Ernest Jr. Travis	ADDRESS Mo
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Date Received: NOV 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1980
Date Filed NOV 8 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Charles V. Greening*

Licensed Embalmer No. *4625*
P. O. Address *Mexico 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.