

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38709**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **196**

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

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Franklin b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Missouri c. LENGTH OF STAY (in this place) 12 1/2 hrs. d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri 2229 d. STREET ADDRESS (If rural, give location) 812 E. 5th St., Washington, Missouri | |
| 3. NAME OF DECEASED (Type or Print) Annis a. (First) D. b. (Middle) Williams c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 11 - 18 - 53 | |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Sept. 24, 1923 |
| 9. AGE (In years last birthday) 30 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Vegetable Dealer | 11. BIRTHPLACE (State or foreign country) Joaner, Ark. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Net Williams | |
| 13b. MOTHER'S MAIDEN NAME Annie Williams | | 14. NAME OF HUSBAND OR WIFE Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X | 16. SOCIAL SECURITY NO. 7725 03 2139 | 17. INFORMANT'S SIGNATURE OR NAME Ben Miller 1307A Carr Ave. St. Louis | |
| 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) Shock - Both thighs crushed off below hips. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 13 hrs. E 902X 35 | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE-HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Redneck | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Washington Franklin (STATE) Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 17 1953 9:30 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Left between freight cars while train was moving - not crushed | |
| 22. I hereby certify that I attended the deceased from Nov. 17, 1953, to Nov. 18, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>[Signature]</i> | | 23b. ADDRESS Washington, Missouri | 23c. DATE SIGNED 11/18/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 25, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Oakdale | 24d. LOCATION (City, town, or county) (State) Lemay, Mo. |
| DATE REC'D BY LOCAL REG. 11/22/53 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE E.P. Koonce 221 N Grand | |

DEC 9 1938

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.

Signed *Arthur Swann*

Signed.....
Student Embalmer

Licensed Embalmer No. 1580

P. O. Address 1221 1/2 Howard

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.