

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17934**

BIRTH NO. **FILED JUN 28 1954** REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **5119** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Centralia		c. CITY OR TOWN Centralia, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Two Miles East Centralia		d. STREET ADDRESS (If rural, give location) Fullenwider Street	

3. NAME OF DECEASED (Type or Print)	a. (First) BILLY	b. (Middle) JOE	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) June 17, 1954
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 4, 1936	9. AGE (In years less birthday) Months Days	10. IF UNDER 1 YEAR Hours Mins.
		Single		17	7 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Sturgeon, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Orion G. Williams	13b. MOTHER'S MAIDEN NAME Lydia Kelly	14. NAME OF HUSBAND OR WIFE None
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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 Mrs Lydia Williams, Centralia, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		
	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. E 9291 42			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boone 010 Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Could not swim, went into pond & swim.
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22. I hereby certify that I attended the deceased from **6/17, 1954**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry H. Sweet Jr. M.D. Coroner	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED 6/19/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Centralia	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
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DATE REC'D BY LOCAL REG. June 23-1954	REGISTRAR'S SIGNATURE Opud M. Bride	25. FUNERAL DIRECTOR'S SIGNATURE Bill S. Madors	ADDRESS Centralia, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

0100 3

JUN 29 1964

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 *Bill J. Melrose*

Licensed Embalmer No. *4876*

P. O. Address *Centralia, Missouri*

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.