

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
5008

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St Louis | | c. LENGTH OF STAY (In this place) 1 day | c. CITY OR TOWN St Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| e. STREET ADDRESS 1042 Hickory | | 229 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L c. (Last) Williams | | 4. DATE OF DEATH (Month) (Day) (Year) June 6, 1954 | |
| 5. SEX male <input checked="" type="checkbox"/> | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Jan 4, 1928 |
| 9. AGE (In years last birthday) 26 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver | 11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Willard Mo. |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME H W Williams | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | 16. SOCIAL SECURITY NO. 7722748-6711752 | 17. INFORMANT'S SIGNATURE OR NAME H W Williams |
| | | ADDRESS Catawissa, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fracture of skull; Brain Injury offered when car operated by deceased went off of highway and turned over at "Hobby" Pacific Mo., in Franklin County; about 830 pm June 5 | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Accident | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Pacific Mo |
| 21d. TIME OF INJURY June 5 54 8:30 pm | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 360 F8234 |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 A.M., from the causes and on the date stated above. -37

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| 23a. SIGNATURE Joseph M. Deen | (Degree or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 6/7/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 6/9/54 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | 24d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo. |

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| DATE REC'D BY LOCAL REG. JUN 7 1954 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons | ADDRESS 7027 Gravois |
|--|-------------------------------------|---|-------------------------|

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

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 *Greg J. Fairman*.....

Licensed Embalmer No. *4786*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.