

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39044**
Registrar's No. **10662**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		c. CITY OR TOWN Bone Terre	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.		STREET ADDRESS (If rural, give location) 1755 S. Grand	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Herbert c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) 12 1 55		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11. 1. 71	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Journal		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Atto Pass, Ill		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Samuel N. Williams		13b. MOTHER'S MAIDEN NAME Ellen Hagan		14. NAME OF HUSBAND OR WIFE Mary	
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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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hospital Records		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Intestinal obstruction pyloric 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. Hepatitis, acute				INTERVAL BETWEEN ONSET AND DEATH _____	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 570.5				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **11. 29**, 19 **55** to **12. 1**, 19 **55**; that I last saw the deceased alive on **11. 30**, 19 **55**; and that death occurred at **3:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Clement P. Sullivan, M.D. (Degree or title)		23b. ADDRESS Mo. Pac. Hosp. Assn.		23c. DATE SIGNED Dec 1, 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Bone Terre		24d. LOCATION (City, town, or county) (State) Bone Terre Mo	
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DATE REC'D BY LOCAL REG. DEC 6 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Everett Sparks		ADDRESS Bone Terre Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Buerch Sparker*

Licensed Embalmer No. *42*

P. O. Address *Donna Lee*

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.