

FILED MAR 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5719

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5917</u>		Registrar's No. <u>10</u>								
1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>PERRY</u>						
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL - ST. MARYS</u>		c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		c. CITY OR TOWN <u>ST. MARYS TOWNSHIP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. E. of FREDERICKTOWN</u>				f. STREET ADDRESS (If rural, give location) <u>12 mi. E. of FREDERICKTOWN</u>										
3. NAME OF DECEASED (Type or Print) <u>COLUMBUS HARRISON WILLIAMS</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1957</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 24, 1880</u>		9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>23</u>		11. UNDER 1 HR. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>PERRY COUNTY, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>FRANK WILLIAMS</u>				13b. MOTHER'S MAIDEN NAME <u>SARAH BERRY</u>				14. NAME OF HUSBAND OR WIFE <u>MAGGIE WILLIAMS</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAGGIE WILLIAMS - PERRYVILLE, MO.</u>				ADDRESS _____				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma Neck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall into Well</u> 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		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rt 5 Farm</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>ST. MARYS PERRY</u> (STATE) <u>MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>JAN 17 1957 8:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jumped in dry well 16 ft deep</u>				
22. I hereby certify that I attended the deceased from Coroner of Perry County, Mo., to Coroner of Perry County, Mo., that I last saw the deceased alive on <u>February 17, 1957</u> at <u>Perry Co., Mo.</u> and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>M. Medina</u> (Degree or title) <u>Coroner of Perry County, Mo.</u>						23b. ADDRESS <u>Perryville</u>			23c. DATE SIGNED <u>1/21/57</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/20/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIDDEN CHRISTIAN</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>								
DATE REC'D BY LOCAL REG. <u>1-23-57</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Adalmon - FREDERICKTOWN</u>		ADDRESS _____						

(Licensed Embalmer's Statement on Reverse Side)

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

2136

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 *[Handwritten Signature]*

Licensed Embalmer No. 4351

P. O. Address FREDERICK

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.