

FILED JUL 15 1957

STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Warrensburg.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OSI OR TOWN Knobnoster,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center, Shrs.		Length of stay in 1b		d. STREET (If outside, give location) ADDRESS Fairview Trailer Court,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OLEN LA VERNE WILLIAMS			First Middle Last			4. DATE OF DEATH July 10th. 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 9, 1936	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.A.F.		10b. KIND OF BUSINESS OR INDUSTRY Air Force, U.S.		11. BIRTHPLACE (City and state or country) Spickard, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Victor Williams.				14. MOTHER'S MAIDEN NAME Edna Stottlemyre.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. Active Duty USAF		16. SOCIAL SECURITY NO. 489-38-3884		17. INFORMANT Address Mr. Victor Williams, Trenton, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain stem injury Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Basilar Skull Fracture DUE TO (c) due to Auto Accident, Johnson County, Missouri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 6 hours.	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Accident					
20c. TIME OF INJURY 11 P.M. 7-9-57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/2 mi. N of Knobnoster, MO					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION OSI		CITY Smiles North Knobnoster Missouri,		STATE Johnson	
21. I attended the deceased from 7-9-57 to 7-10-57 and last saw her him alive on 7-10-57 Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature]				22b. ADDRESS M.D. Warrensburg, Missouri.		22c. DATE SIGNED 7-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal, 7-11-57		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY South Evans Cemetery		23d. LOCATION (City, town, or county) (State) Trenton Missouri.	
24. FUNERAL DIRECTOR ADDRESS R.A. Brauning, Warrensburg, Missouri				25. DATE RECD. BY LOCAL REG. July 10, 1957		26. REGISTRAR'S SIGNATURE Savannah Cutchfield	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by *me*..... Student Embalmer No..... working under my personal supervision.

Student..... Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. *33*

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.