

Health, Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard momentary in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26700

STATE FILE NUMBER

FILED JUL 26 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6255

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY White <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carmi		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Length of stay in lb	d. STREET ADDRESS Route 5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Howard Darrell Williams			4. DATE OF DEATH July 3, 1957	Month Day Year		
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 July 26, 1913	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) White Co., Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Jeremiah Williams			14. MOTHER'S MAIDEN NAME Teresa Creek			
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. Unknown	17. INFORMANT Address Rosetta Williams, Carmi, Ill.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Lower Nephron Nephrosis; Multiple Fractures. DUE TO (a) E 936.13 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) suffered in accident on farm					INTERVAL BETWEEN ONSET AND DEATH	
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.) blows and at Carmi, Illinois about June 21, 1957. Cause and manner could not be determined.	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20c. TIME OF INJURY Hour Month, Day, Year ? 6 21 57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 32 Farm	20f. CITY, TOWN, OR LOCATION Carmi Illinois	COUNTY White STATE Illinois	812	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 300 P _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					22a. SIGNATURE (Degree of title) James M. Kelly, Deputy Coroner	
22b. ADDRESS 1300 Clark	22c. DATE SIGNED 7-5-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-4-57	23c. NAME OF CEMETERY OR CREMATORY Kurkendall Cemetery	23d. LOCATION (City, town, or county) (State) Carmi, Ill.			
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JUL 5 57	26. REGISTRAR'S SIGNATURE Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION 11-157
See Kelly

M & S

