

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031650

FILED VS. AUG 24 1960 290

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>1 Mile west of Dixon on Highway #133</b>				Length of stay in 1b		c. CITY OR TOWN <b>Rural Union Dixon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Wayne</b> Last <b>Williams</b>				4. DATE OF DEATH Month <b>8</b> Day <b>11</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/7/1946</b>	9. AGE (last birthday) <b>14</b>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (City and state or country) <b>Rogersville, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Edgar Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Horne</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Ada Mitchum, Dixon, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BASILAR SKULL FRACTURE</b> DUE TO (b) <b>Auto Accident</b> DUE TO (c) <b>Auto Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <b>Two Vehicle Collided</b>			
20c. TIME OF INJURY <b>6:45 p.m.</b>		Month, Day, Year <b>8-11-60</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b> Hwy 133</b>		20f. CITY, TOWN, OR LOCATION <b>Hwy 133</b>		COUNTY <b>Pulaski</b> STATE <b>Mo</b>	
21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at <b>Aug 11-1960 6:45 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Bish Bridges Coroner</b>				22b. ADDRESS <b>Richland, Mo</b>		22c. DATE SIGNED <b>8/11/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8/14/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valley Horne Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stanley, Valley, Tennessee</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Gilbert Funeral Home, Inc., Dixon, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-13-60</b>		26. REGISTRAR'S SIGNATURE <b>Gula Mae Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

OCT 19 1960

0961 81 100

STATEMENT BY LICENSED EMBALMER

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles Moore*

Licensed Embalmer No. 4896

P. O. Address Waynesville

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