RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1960

-60-033747 STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5054 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY BARRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WHITE RIVER #2 — Length of stay in 1b MIN.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BIG "M" BOAT DOCK — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ARKANSAS b. COUNTY WASHINGTON
c. CITY OR TOWN SPRINGDALE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) RT. #5 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First VESTER Middle BOYD Last WILLIAMS
4. DATE OF DEATH Month 9 Day 5 Year 60
5. SEX MALE
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/15/39
9. AGE (last birthday) 21 — 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) TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY TRUCKING
11. BIRTHPLACE (City and state or country) NEWTON COUNTY, ARK.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME CLYDE WILLIAMS
13b. MOTHER'S MAIDEN NAME DOROTHY REYNOLDS
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 432-62-1376
17. INFORMANT Clyde Williams Address Rt. #5, Springdale, Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DROWNING — INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Water skiing, lost his balance when he hit the water his belt type preserver broke and he couldntt swim. He was found 9/11/60
20c. TIME OF INJURY Hour 4:00 p.m. Month, Day, Year 9/5/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Table Rock Lake
20f. CITY, TOWN, OR LOCATION Big "M" Boat Dock COUNTY Barry STATE Mo.

BY AFFIDAVIT OF

21. I attended the deceased from ____, to ____ and last saw ~~him~~ her alive on 9/11/60
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Doyle E. Williams (Degree or title) Coroner
22b. ADDRESS Cassville, Missouri
22c. DATE SIGNED 9/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/12/60
23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery
23d. LOCATION (City, town, or county) Newton Co (State) Arkansas
24. FUNERAL DIRECTOR Callison-Sisco ADDRESS Springdale, Ark.
25. DATE RECD. BY LOCAL REG. 9-16-60
26. REGISTRAR'S SIGNATURE Mildred Hare, deputy

(Licensed Embalmer's Statement on Reverse Side)

VS SEP 27 1960

OCT 28 1960

OCT 11 1960

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_____ I Signed Charles C Farmer
Signature of Student Embalmer

Licensed Embalmer No. 1047

R. O. Address Box 246 Springd

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.