

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028854

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 197

AMENDED

FILED AUG 28 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Texas</u> b. COUNTY _____				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington, Mo.</u>		Length of stay in lb <u>4 hrs.</u>		c. CITY OR TOWN <u>San Antonio, Texas</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4230 Wildt Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LIONELL BENARD WILLIAMS</u>				4. DATE OF DEATH Month Day Year <u>Aug. 20, 1961</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>colored or Negro</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 19, 1959</u>		
9. AGE (last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> Hours <u>1</u> Min.		IF UNDER 24 HR. Hours <u>1</u> Min.				
10a. USUAL OCCUPATION (Give most of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>San Antonio, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Leon Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Lucille Williams Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Leon Williams 4230 Wildt Ave. San Antonio, Texas.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral aneurysm and fracture 4th thoracic vertebra with radiational hemorrhage 4hr</u>						INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Subject was passenger in</u>				
20c. TIME OF INJURY Hour <u>3:00</u> p.m. Month, Day, Year <u>8/20/61</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) <u>St. Clair Highway 44</u>		20f. CITY, TOWN, OR LOCATION <u>Franklin Mo.</u>		COUNTY STATE		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>								
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <u>7:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>[Signature]</u>				22b. ADDRESS <u>Crown Union Bro Stables</u>		22c. DATE SIGNED <u>8/25/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 25, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East View Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>San Antonio, Texas</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Sherwood W. Kitchell, St. Clair, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8/25/61</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

AUG 29 1961

SEP 26 1961

**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 Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo

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.