

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040901

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 112

AMENDED

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>IRON TON</u>		Length of stay in 1b <u>6 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS, MO.</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SAINT MARYS OETHERZARNS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3017A S. JEFFERSON</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LEE COURTLAN WILLIAMS</u>			4. DATE OF DEATH Month Day Year <u>NOV 11 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-16-1892</u>
9. AGE (last birthday) <u>68</u>		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) <u>RETIRED GAWRD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INTERNATIONAL SHOE CO.</u>	11. BIRTHPLACE (City and state or country) <u>NEAR MILLS PRING MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHRISTOPHER COLUMBUS WILLIAMS</u>	13b. MOTHER'S MAIDEN NAME <u>MOLLY ANN LEACH</u>
14. NAME OF HUSBAND OR WIFE <u>PEARL WILLIAMS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u>	
17. INFORMANT <u>AUDREY BEHRE</u>		Address <u>3117A S. JEFFERSON ST LOUIS MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <u>1st Embolism,</u> DUE TO (c) <u>Multiple Fractures.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u>
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.) <u>Auto accident -</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>2 - 11-5-61</u>	Month, Day, Year	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.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>?</u>	COUNTY STATE
21. I attended the deceased from <u>11-20-61</u> to <u>11-11-61</u> and last saw him alive on <u>11-16-61</u> . Death occurred at <u>109 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lee Courtlan Williams</u>		22b. ADDRESS <u>M.D. Brandon - Mo</u>	22c. DATE SIGNED <u>11-14-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-13-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEADOWS IRON CO. MO.</u>	23d. LOCATION (City, town, or county) (State) <u>NEAR ANNABALIS MO.</u>
24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u>	ADDRESS <u>MEAD MONT MO</u>	25. DATE RECD. BY LOCAL REG. <u>11-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF SHOULD READ

NOV 28 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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marion E. Bowler

Licensed Embalmer No. 9424

P. O. Address Fredmont

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.