

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-007525

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 29

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Roberts		c. CITY OR TOWN Buena Park	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HW 66 1/2 mi East of Spur 66		d. STREET ADDRESS (If outside, give location) 8001 Franklin Street	
3. NAME OF DECEASED (Type or print) First CHARLES Middle HERMAN Last WILLIAMS		4. DATE OF DEATH Month February Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3 Nov 1939
9. AGE (last birthday) 22		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Raymond R. Williams		13b. MOTHER'S MAIDEN NAME Mildred R. (Unknown)	
14. NAME OF HUSBAND OR WIFE NA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
16. SOCIAL SECURITY NO. 572-50-9309		17. INFORMANT Raymond R. Williams	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractures of Skull, Multiple DUE TO (b) Automobile Accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Laceration of Liver and Extensive Lacerations small bowel mesentery 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.) Automobile struck tree on curve on HW 66 1/2 mile	
20c. TIME OF INJURY Hour 9:00 Month, Day, Year 2-17-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20f. CITY, TOWN, OR LOCATION St. Roberts	
20g. COUNTY Pulaski		20h. STATE Missouri	
21. I attended the deceased 17 February 1962 and last saw him alive on never Death occurred at 9:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John B. Mc Master JOHN B. MC MASTER, Captain, MC	
22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 2-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/22/1962	
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Carthage Missouri	
24. FUNERAL DIRECTOR Knell Funeral Home Carthage Missouri		25. DATE RECD. BY LOCAL REG. 2-20-62	
26. REGISTRAR'S SIGNATURE Paula Spivey			

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence F. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.