

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035320

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 389
FILED SEP 19 1963

Primary Registration District No. 5173

Registrar's No. 12

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0140

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DATE AMENDED

9/17/63

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Joseph Williams

Edna Roark

Sept. 23, 1939

DOCUMENT Birth Record Filed at Vital Statistics Jefferson City, Mo. BORN 9/23/1938

BY AFFIDAVIT OF INFORMANT

1. PLACE OF DEATH a. COUNTY <u>Callaway County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holts Summit</u>		Length of stay in 1b	c. CITY OR TOWN <u>Jefferson City</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>RURAL MKT DEPOT JEFFERSON</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>312 Marshall</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Raymond Williams</u>			4. DATE OF DEATH Month Day Year <u>September 8, 1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/23/1938</u>	9. AGE (last birthday) <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tweedie Footwear</u>		11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Joseph Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Roark Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Shirley Ann Williams</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>[redacted]</u>		17. INFORMANT Address <u>Shirley Ann Williams, Jefferson City, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain laceration and avulsion</u> DUE TO (b) <u>gunshot wound</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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. 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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>Approx 1:00 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Denzil C. Browning, coroner</u>			22b. ADDRESS <u>Fulton, Mo.</u>		22c. DATE SIGNED <u>9-10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 10, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Holts Summit, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Freeman Mortuary, Jefferson City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Sept. 10 - 63</u>		26. REGISTRAR'S SIGNATURE <u>LeRoy Clapp</u>

USE BLACK INK OR TYPEWRITER RIBBON.

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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 Donald R. Greener

Licensed Embalmer No. 4623

P. O. Address Jefferson City, 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.