

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14303

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 154	
1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat Leadington, Mo.</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Dol Run, Mo.</i>		8940	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>Elms R.T. 1</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>SIDNEY</i>			b. (Middle) <i>Williams</i>		c. (Last) <i>Williams</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 18, 1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan 20, 1892</i>		9. AGE (In years last birthday) <i>58</i>	10. UNDER 1 YEAR Months <i>2</i> Days <i>28</i>	11. UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mining</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mine La Motte, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William H. Williams</i>			13b. MOTHER'S MAIDEN NAME <i>Mattha Tucker</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		16. SOCIAL SECURITY NO. <i>559-34-6201</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Thomas Williams Dol Run, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coroner Jury Verdict: due to gunshot wound by his own hand.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>gunshot wound in head</i> DUE TO (c) <i>gunshot wound in head</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>E 976 X</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>deceased residence</i>		21c. CITY, TOWN, OR TOWNSHIP. (COUNTY) (STATE) <i>Leadington St. Francois, Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>April 18, 1950 3:30 P.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>gunshot wound in head.</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Bert L. Mullis 3 coroner</i>			23b. ADDRESS <i>Farmington, Mo.</i>			23c. DATE SIGNED <i>4/19/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 21, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Libertyville Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Libertyville Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Apr. 24, 1950</i>	REGISTRAR'S SIGNATURE <i>Ethel Rudolph</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rudolph Raymond Caldwell</i>		ADDRESS <i>Flat River, Mo.</i>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 309
10.48

RECEIVED

MAY 1 1950

DISTRICT HEALTH OFFICE No.

File No. 550-640

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
Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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 this body is not embalmed, fact should be so stated above.