

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-042472

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 789

FILED OCT 28 1965

VS 300 Rev. 4/59
1 1010
2 0331
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4 0
5 9
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8 2
9 9973.1
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11 101
12 91.3
13 1-2

DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence, Missouri</u>		Length of stay in lb <u>unknown</u>	c. CITY OR TOWN <u>Salem, Missouri</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>Hwy 19 Eminence, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Salem, Missouri</u>		
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Edward</u> Last <u>Williams</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>21</u> Year <u>1965</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 type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 3, 1917</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>48</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sign Painting</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>J. Tom Williams</u>			
14. MOTHER'S MAIDEN NAME <u>Tempie Evelyn Pritchard</u>		15. NAME OF HUSBAND OR WIFE <u>Mrs. Cerena Pearce, St. Louis, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. II</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>St. Louis, Mo.</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>CARBON MONOXIDE POISONING</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>Body found on parked car with motor running</u>	
20c. TIME OF INJURY <u>6</u> Hour <u>10-21-65</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Uptown, Eminence, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Eminence</u>		COUNTY <u>Shannon</u> STATE <u>Mo.</u>	
21. I attended the deceased <u>on Oct 21, 1965</u> and last saw <u>him</u> Death occurred at <u>7:00</u> a <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Benton Wilson, D.O., Coroner</u>		22b. ADDRESS <u>Eminence, Mo.</u>		22c. DATE SIGNED <u>10-26-65</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-24-1965</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Marshfield, Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Marshfield, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>SPENCER FUNERAL HOME, INC. Salem, Mo.</u>			
25. DATE RECD. BY LOCAL REG. <u>Oct 27 65</u>		26. REGISTRAR'S SIGNATURE <u>Maude Reen</u>			

NOV 2 1965

NOV 5 1965

NOV 18 1965

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: Carl H. Spencer

Licensed Embalmer No. 2370

P. O. Address Salinas

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.