

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5872

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4447 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH <u>2-24-1955</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Henrietta</u>		c. LENGTH OF STAY (In this place)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-4-1886</u>	
d. STREET ADDRESS <u>City</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Joseph Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Trotter</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Bell Cross</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Williams, Richmond, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of the Skull</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>automobile accident</u> DUE TO (c) <u>Collision of 2 trucks</u> E8160 20		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) <u>307C185</u> <u>446108B</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <u>H-6-WA 4</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Henrietta Ray Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-24-55-8:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision of 2 Trucks</u>	

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 _____, 19____, at _____ a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John F. Baker, Coroner</u>		23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>2-24-55</u>	
24a. DATE <u>2-26-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>	

DATE REC'D BY LOCAL REG. <u>Feb 28 1955</u>		REGISTRAR'S SIGNATURE <u>E. A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Forest T. Tempel, Lexington, Missouri</u>	
---------------------------------------------	--	--------------------------------------------	--	-----------------------------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

