

CERTIFICATE OF DEATH

124

69 0046446

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 273

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

9. 1
10a. 28
10b. 4.0500
11. 1
12. 1
13. X 8121
14. 60945
15. 9
16. 36
17. 050
18. 3
19. CREDITS
20. 1-0

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. LINDRA DARNELL MCWILLIAMS			SEX 2. F	DATE OF DEATH (MONTH, DAY, YEAR) 3. Nov 16 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 28	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. March 13 1941	COUNTY OF DEATH 7a. Jefferson
CITY, TOWN, OR LOCATION OF DEATH 7b. Festus		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. No	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Jefferson Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Tenn	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Robert McWilliams		
SOCIAL SECURITY NUMBER 12. Unavailable	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Nurse	KIND OF BUSINESS OR INDUSTRY 13b. Nursing			
RESIDENCE—STATE 14a. Mo	COUNTY 14b. St. Francois	CITY, TOWN, OR LOCATION 14c. Farmington	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. YES	STREET AND NUMBER 14e.	
FATHER—NAME FIRST MIDDLE LAST 15. Austin St. John			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Clara Todd		
INFORMANT—NAME 17a. Robert McWilliams			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 602 Carter Farmington, Mo.		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Multiple fractures & internal injuries					—
DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a.
					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. Accident	DATE OF INJURY (MONTH, DAY, YEAR) 20b. 11-16-69	HOUR 20c. 2:00A	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) 20d. Auto Accident		
INJURY AT WORK (SPECIFY YES OR NO) 20e. No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. Highway	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. St #2 DeLoe Mo	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a.	TO 21b.	AND LAST SAW HIM/HER ALIVE ON 21c.	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					
CERTIFIER—NAME (TYPE OR PRINT) 22b. James C. Rehm D.C. Coroner		SIGNATURE 22c. <i>James C. Rehm D.C.</i>	DEGREE OR TITLE 22d. Coroner	DATE SIGNED (MONTH, DAY, YEAR) 22e. 11-16-69	
MAILING ADDRESS—CERTIFIER 23a. S. C. Rehm		STREET OR R.F.D. NO. 23b. Manly's Bldg	CITY OR TOWN 23c. Festus	STATE 23d. Mo	ZIP 23e. 63028
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Woodbury		LOCATION CITY OR TOWN STATE 24c. Woodbury Tenn.		
DATE (MONTH, DAY, YEAR) 24d. Nov 19 1969	FUNERAL HOME—NAME (AND ADDRESS) (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Cozean Funeral Home 217 W Columbia, Farmington, Mo.				
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Cozean</i>	REGISTRAR—SIGNATURE 25b. <i>Steve A. [Signature]</i>		DATE RECEIVED BY LOCAL REGISTRAR 25c. 11-17-69		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Pr. John D. Stahl, Deputy

[Handwritten signature]

JAN 23 1970

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 *Samuel J. Mabun*

Licensed Embalmer No. 4326

P. O. Address *St. Louis, 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.