

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7868

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 Birch</u>		d. STREET ADDRESS (If rural, give location) <u>104 Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edmond</u> b. (Middle) <u>McWilliams</u> c. (Last) <u>McWilliams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23 1951</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>NOV. 3 1864</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Samuel McWilliams</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy McPartick</u>		14. NAME OF HUSBAND OR WIFE	
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>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>G.W. Carmack</u>		ADDRESS <u>Plattsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 28, 1951</u> , to <u>Mar 23, 1951</u> , that I last saw the deceased alive on <u>Mar 22, 1951</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. S. Spalding</u> (Degree or title)		23b. ADDRESS <u>Plattsburg, Mo.</u>	
23c. DATE SIGNED <u>Mar 24 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>3-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u> ADDRESS <u>Plattsburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Searce</u> <u>441</u>	

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

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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 .....  
Student Embalmer

Signed Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

**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.