

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29798**

FILED SEP 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SMITHVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELTON</b>	
c. LENGTH OF STAY (in this place) <b>8 WKS</b>		0240	
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) <b>J</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>INEZ</b> b. (Middle) <b>C</b> c. (Last) <b>McWILLIAM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 11 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Sept. 4, 1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN M. CROCKETT</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH MEANS</b>	14. NAME OF HUSBAND OR WIFE <b>George McWILLIAM</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>490-24-2533</b>	17. INFORMANT'S SIGNATURE OR NAME <b>PAUL McWILLIAM</b>	ADDRESS <b>LATHROP MO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Uterus</b>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<b>174X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Uterus (1947)</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 10, 1951**, to **Sept 11, 1951**; that I last saw the deceased alive on **Sept 4, 1951**; and that death occurred at **4 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. J. Geleman M.D.</b>	(Degree or title)	23b. ADDRESS <b>Smithville, Mo.</b>	23c. DATE SIGNED <b>9/11/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/13/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belton</b>	24d. LOCATION (City, town, or county) (State) <b>Belton MO</b>
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DATE REC'D BY LOCAL REG. <b>9/13-1951</b>	REGISTRAR'S SIGNATURE <b>Beulah Kitchener</b>	63	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. K. George</b>	ADDRESS <b>Belton Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 25 1951

**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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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.