

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33238**

DECEASED **OCT 29 1951**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **910**

0376

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs	
c. LENGTH OF STAY (in this place) 4 Days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Walter	b. (Middle) T.	c. (Last) McWilliams	4. DATE OF DEATH (Month) (Day) (Year) October 23, 1951
---	-----------------------	-----------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH September 15, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME George McWilliams	13b. MOTHER'S MAIDEN NAME Margret Greenstreet	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) Yes World War I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, SPRINGFIELD, MO.	ADDRESS
--	--	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lobular Pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS Thrombosis, basal artery, with infarction of pons.		
ANTECEDENT CAUSES		DUE TO (b) _____	
		DUE TO (c) _____	
		Conditions contributing to the death but not related to the disease or condition causing death. Extensive bulbous emphysema	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 **the VA October 19, 1951, to October 23, 1951, and that death occurred at 7:59 A.M., from the causes and on the date stated above.**

23a. SIGNATURE Dr. A.J. Bondurant M.D. Chief of Professional Service	(Degree or title)	23b. ADDRESS VA HOSPITAL Springfield, Mo.	23c. DATE SIGNED 10/23/51
---	-------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-24-51	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Eldorado Springs, Mo.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 10-24-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Alma Johnson	ADDRESS Springfield Mo.
--	---	--	--------------------------------

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 James W. Ware

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.