

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5997**

6812
FILED MAR 12 1952

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEXAS	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) PLATO 1070	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) County Memorial Hosp.	
3. NAME OF DECEASED a. (First) ELLA b. (Middle) ROWENA c. (Last) McWilliams		4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1952	
5. SEX F.	6. COLOR OR RACE w.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m.	8. DATE OF BIRTH Sept 8 1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Swedenborg Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Mackney		13b. MOTHER'S MAIDEN NAME Maggie Anderson	14. NAME OF HUSBAND OR WIFE David A. McWilliams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS David A. McWilliams, Plato Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic H.D. ANTECEDENT CAUSES DUE TO (b) Ca. of Stomach 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 151X	
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) (Minute)		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 Feb 11 , 1952, to Feb 27 , 1952, that I last saw the deceased alive on Feb 27 , 1952, and that death occurred at 3:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James W. Ingles M.D.		23b. ADDRESS Rolla Mo	23c. DATE SIGNED 3/1/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 2 52	24c. NAME OF CEMETERY OR CREMATORY Long Hollow
24d. LOCATION (City, town, or county) (State) Texas Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gaylord V. Elliott Cabool Mo.	
DATE REC'D BY LOCAL REG. March 3, 1952		REGISTRAR'S SIGNATURE Nadine L. Stoll	

(Licensed Embalmer's Statement on Reverse Side)

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

Phelps County Health Department
County File Number _____
Date Filed 3-10-52

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 Paul E. Nul

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.