

FILED SEP 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31226

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 3011 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton, Missouri</u>	c. LENGTH OF STAY (in this place) <u>two days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rockford 0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles east of Bosworth.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>McWilliams</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>9</u> <u>17</u> <u>1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 19, 1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Thomas B. McWilliams</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Sadler</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Dora McWilliams</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.F.D.</u>	ADDRESS <u>Roschel McWilliams Bosworth, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 days.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis (Extensive) years.</u> DUE TO (c) <u>Myocarditis etc.</u>		
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>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1953, to Sept 17, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl H. Reed M.D.</u>	23b. ADDRESS <u>Carrollton</u>	23c. DATE SIGNED <u>9-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bosworth, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>9/18/53</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leipard & Edwards.</u>	ADDRESS <u>Bosworth, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Daniel J. Edwards

Licensed Embalmer No.

3265

P. O. Address

Boworth 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.