

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

41094

5919

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

No. STREET ADDRESS (If rural, give location) 1012 E. 10 3128

3. NAME OF DECEASED  
a. (First) MALINDA b. (Middle) MAE c. (Last) McWilliams

4. DATE OF DEATH (Month) (Day) (Year) 12 24 1954

5. SEX 1. FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1

8. DATE OF BIRTH NOV. 11. 1887

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (City and State or Foreign Country) CHILLICOTHE, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME COMMODORE PERRY WISE

13b. MOTHER'S MAIDEN NAME SARAH ELLEN PARKS

14. NAME OF HUSBAND OR WIFE CHARLES F. McWILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES F. McWILLIAMS 1012 EAST 10TH ST. KANSAS CITY MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Undetermined

ANTECEDENT CAUSES DUE TO (b) Coronary arteriosclerosis

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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1954, to Dec. 24, 1954, that I last saw the deceased  alive on Dec. 24, 1954, and that death occurred at 10:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns, M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 12-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE DEC. 27-1954

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 12-27-54 neva munsell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.H. Newcomer 1331-BRUSH CREEK KANSAS CITY MO.

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

*In Class*

72.13

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.....  
Signature of Student Embalmer

Signed.....  
*Robert Ray*

Licensed Embalmer No. *4183*

P. O. Address *K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.