

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17797**

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **609**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) —a.—STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3225 South 11th St. Sunnyslope Parkview Nursing Home				e. STREET ADDRESS (If rural, give location) 3006 Seneca Street <i>01170</i>					
3. NAME OF DECEASED (Type or Print) a. (First) Lulu b. (Middle) Virginia c. (Last) McWilliams			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1955						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 30, 1876		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Wise County, Texas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Groom			13b. MOTHER'S MAIDEN NAME Elizabeth Summers			14. NAME OF HUSBAND OR WIFE Harvey Milton McWilliams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ralph Simpson Marysville, Ks.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver						INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Failure DUE TO (c) Coronary insufficiency								
	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 5810						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) m.		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 Jan 51 , to June 9, 1955 , that I last saw the deceased alive on 6/8 , 19 55 and that death occurred at 10:55 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Scott Cannon M.D.				23b. ADDRESS City 510 Rudy Bldg			23c. DATE SIGNED 6/11/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Clarksdale Cemetery		24d. LOCATION (City, town, or county) (State) Clarksdale, Missouri.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 20, 1955		REGISTRAR'S SIGNATURE Ethel M. Allison <i>483</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meinheffer Fleeman <i>483</i> St. Joseph, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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.....***,
Signature of Student Embalmer

Signed *Edward P. Harrington*.....

Licensed Embalmer No.....3258

P. O. Address St. Joseph, M.....

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.