

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8789

STATE FILE NUMBER

FILED MAR 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 981

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Kansas City</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) Length of stay in <b>19</b> HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b> <b>15 years</b>	
d. STREET ADDRESS <b>1233 West 63rd</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>CARRY T. McWILLIAMS</b>			4. DATE OF DEATH <b>March 1st, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 6th, 1877</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pharmacist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Drug Store</b>		11. BIRTHPLACE (City and state or country) <b>Wilkes-Barre, Pa.</b>	
13. FATHER'S NAME <b>George McWilliams</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Paul C. McWilliams, 1233 W. 63rd, K.C.Mo.</b>
--	--	---

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Sclerosis</b>	<b>3 years</b>
	DUE TO (c) <b>Arteriosclerosis - generalized</b>	<b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Left hemiplegia - 2 years.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>8-27-56</b> to <b>3-1-57</b> and last saw her alive on <b>3-1-57</b> Death occurred at <b>4:30 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>P.L. Byers</b>	(Degree or title) <b>P.R. Byers M.D.</b>	22b. ADDRESS <b>4635 W. Audette, N. P. Mo</b>	22c. DATE SIGNED <b>3/2/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>March 4, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cedar Rapids, Iowa.</b>
24. FUNERAL DIRECTOR <b>Freeman Mortuary, Kansas City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-2-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service, 000-56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

.USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4655 WYANDOTT

11:30 - 4:00 PM

S.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter H. Corwin*

Licensed Embalmer No. *43*

P. O. Address *Kansas Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.