

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-045362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 3413

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED DEC 3 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Length of stay in 1b YRS	c. CITY OR TOWN Ferguson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 54 E. Cardigan Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 54 E. Cardigan Dr.

3. NAME OF DECEASED (Type or print) First PATRICK Middle A. Last McWILLIAMS			4. DATE OF DEATH Month 11 Day 21 Year 62		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-18	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field Service Supt.		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft	11. BIRTHPLACE (City and state or country) Clarksville, Ark.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Patrick A. McWilliams		13b. MOTHER'S MAIDEN NAME Allene Warb		14. NAME OF HUSBAND OR WIFE Emma Watkins McWilliams	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Emma McWilliams Ferguson Missouri
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18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 11/21/62
DUE TO (b) Ankylosing Spondylitis (Bulbar type)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Clarksville, Ark.	COUNTY	STATE
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21. I attended the deceased from **2/6/62** to **11/21/62** and last saw him alive on **Sept 19, 1962**
Death occurred at **1:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Moore, M.D.	(Degree or title)	22b. ADDRESS 6376 Clayton Rd., Richmond Heights	22c. DATE SIGNED 11/21/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-24-62	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) Clarksville, Ark.
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24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd. Ferg.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-21-62	26. REGISTRAR'S SIGNATURE [Signature]
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USE BLACK INK OR TYPEWRITER RIBBON

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: *Richard A. Schumann*

Licensed Embalmer No. 3395

P. O. Address St Paul 35th

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.