

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15717

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 597

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) Rural-Washington Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Washington Twnshp	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) RR # 7.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: R. Route #7.			

3. NAME OF DECEASED (Type or Print) Harvey	a. (First)	b. (Middle) Milton	c. (Last) McWilliams	4. DATE OF DEATH (Month) (Day) (Year) May 29, 1951.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1877.	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Farming & House building.	11. BIRTHPLACE (State or foreign country) Clarksdale, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George M. McWilliams	13b. MOTHER'S MAIDEN NAME Mary Lindsey	14. NAME OF HUSBAND OR WIFE Lulu V. McWilliams
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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) No	16. SOCIAL SECURITY NO. ***** 567-16-1983	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Simpson	ADDRESS St. Joseph, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease 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 443X	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) (m.)	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 5/28, 1951, to 5/29, 1951, that I last saw the deceased alive on 5/29, 1951, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE Scott C. Benson M.D.	(Degree or title)	23b. ADDRESS 1202 Phylis Bldg	23c. DATE SIGNED 5/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2, 1951.	24c. NAME OF CEMETERY OR CREMATORY Clarksdale Cemetery	24d. LOCATION (City, town, or county) (State) Clarksdale, Missouri.
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DATE REC'D BY LOCAL REG. June 5, 1951	REGISTRAR'S SIGNATURE 440 Carl C. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1110

1961 FEB 11 10 58

**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 \*\*\*\*\*

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Student Embalmer No. ---\*\* \*\* \*\*---

working under my personal supervision.

Signed

*Raymond A. Merchea*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

Signed .....  
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Student Embalmer

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.