

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27226**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **877**

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) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) 2502 Mitchell Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2502 Mitchell Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Franklin c. (Last) McWilliams		4. DATE OF DEATH (Month) (Day) (Year) August 18, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 13, 1873
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY service station	11. BIRTHPLACE (State or foreign country) Stewartsville, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. owler		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unk.	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE Ida McWilliams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida McWilliams ADDRESS 2502 Mitchell, St. Joseph

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) hypertension arterial		
		DUE TO (c) T		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Atherosclerosis General		1 1/2 years
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 443X		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) _____	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 **2-8-51**, 19____, to **8-18-52**, 19____, that I last saw the deceased alive on **8-16-52**, 19____, and that death occurred at **5:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 0	23b. ADDRESS 207 P+S, Bldg St Joseph, Mo	23c. DATE SIGNED 8-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/20/1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Aug 21, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman ADDRESS Funeral Home
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEP - 2 1972

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
Student Embalmer

Signed *J. M. E. Edmonston*

Licensed Embalmer No. *4791*

P. O. Address *319 So 10th St. Gulfport, Miss*

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.

not embalmed - see reverse side

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Buchanan } ss.

State File No. 42 27226
Local Registrar's No. 1000

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of September, 1945, before me appears.....

Mrs. Cecil R. Baker, who, upon her oath, states that the original record of ^{death} ~~birth~~.....

for Thomas Franklin McWilliams ^{died} ~~born~~ August 18, 1952, 19....., in the State of Missouri, and which was filed at St. Joseph, Mo. on 8-21-52, 19....., should be corrected as follows:

Item No. 8 should read February 13, 1873

Instead of February 13, 1874

Item No. 9 should read 79

Instead of 78

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Cecil R. Baker Daughter
Relationship.

1308 So. Hayes Blvd.
Present Address.

Subscribed and sworn to before me this 4th day of September, 1945

My Commission expires June 6, 1956

C. Gordon Marcum Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952

S-27226