

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3993**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 255

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 202 1/2 E. Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) _____ c. (Last) Wilkinson			4. DATE OF DEATH (Month) (Day) (Year) 2 27 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-30-1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Bethany, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Solomen Wilkinson	13b. MOTHER'S MAIDEN NAME Mary E. Arnold	14. NAME OF HUSBAND OR WIFE Helen Wilkinson
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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. 487-14-9194	17. INFORMANT'S SIGNATURE OR NAME Helen Wilkinson, 202 1/2 E. Kansas	ADDRESS 202 1/2 E. Kansas
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of Liver with involvement of Bile Duct		INTERVAL BETWEEN ONSET AND DEATH 3 mos.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		

19a. DATE OF OPERATION 2-15-1950	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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) _____
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 2-15, 1950, to 2-27, 1950, that I last saw the deceased alive on 2-27, 1950, and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm W Steacy, MD	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 28 February 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-1-1950	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG Mar 6, 1950	REGISTRAR'S SIGNATURE E. G. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Joseph E. [Signature]	ADDRESS Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 1957

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 _____

Allin C. Bazar

Student Embalmer No. *342*

working under my personal supervision.

Student

Allin C. Bazar
Student Embalmer

Signed

John E. Rupp
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph*

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.