

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16356

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 71	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, write RURAL and give township) WASHINGTON Mo.		a. STATE MISSOURI		b. COUNTY FRANKLIN 836A	
c. LENGTH OF STAY (In this place) 6 years		c. CITY (If outside corporate limits, write RURAL and give township) WASHINGTON		c. CITY (If outside corporate limits, write RURAL and give township) WASHINGTON		d. STREET ADDRESS (If rural, give location) #3 E. MAIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION #3 East Main				d. STREET ADDRESS (If rural, give location) #3 E. MAIN			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) CHARLES	b. (Middle) ISBELL	c. (Last) WILKINSON	Date 5-10-50	Month 5	Day 10	Year 50	Males MALE
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 26 1884		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY CARETAKER		11. BIRTHPLACE (State or foreign country) WASHINGTON MO.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JAMES L. WILKINSON		13b. MOTHER'S MAIDEN NAME ELIZABETH CHITWOOD		14. NAME OF HUSBAND OR WIFE MARGARET A. WILKINSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 2950-5253		17. INFORMANT'S SIGNATURE OR NAME Margaret A. Wilkinson			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute renal insufficiency				1 wk	
ANTECEDENT CAUSES		DUE TO (b) Chronic nephritis				5 yrs	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				592X	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 January, 1948, to 10 May, 1950, that I last saw the deceased alive on 10 May, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Raymond J. Beeson, M.D.			23b. ADDRESS Washington, Mo.			23c. DATE SIGNED 10 May 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-12-50		24c. NAME OF CEMETERY OR CREMATORY NEW HAVEN CEM.		24d. LOCATION (City, town, or county) (State) NEW HAVEN MO	
DATE REC'D BY LOCAL REG. May 10, 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE W. C. FERTIG & SON		ADDRESS NEW HAVEN	

(Revised Embalmers' Statement on Reverse Side)

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

No. 300  
10-48360  
1

RECEIVED  
MAY 13 1950  
District Health Officer No. 9,  
District File Number

**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 ml

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Earl C. Letteg

Licensed Embalmer No. 33785

P. O. Address New Haven MD

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.