

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40095**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **3-59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **188**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Pleasant Hill</b>	c. LENGTH OF STAY (If this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Pleasant Hill Mo 0190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N. Boardman</b>		d. STREET ADDRESS (If rural, give location) <b>N. Boardman</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hamilton</b> b. (Middle) _____ c. (Last) <b>Wilkinson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 10 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 5 1880</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stone Mason</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stone mason</b>	11. BIRTHPLACE (State or foreign country) <b>Pleasant Hill Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Samuel P. Wilkinson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Evans</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-05-1309</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mae Betsy (sister) Pleasant Hill</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>177X</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Metastatic to pelvic bones &amp; spinal cord.</b>		
	DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
18. CAUSE OF DEATH		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 12-7, 1950, to 12-10, 1950, that I last saw the deceased alive on 12-10, 1950, and that death occurred at 11:12 m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. V. Murray M.D.</b>	(Degree or title)	23b. ADDRESS <b>Pleasant Hill, Mo</b>	23c. DATE SIGNED <b>12-12-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-13-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem. Pleasant Hill Mo</b>	24d. LOCATION (City, town, or county) (State) <b>Mo</b>

DATE REC'D BY LOCAL REG. <b>Dec. 13, 1950</b>	REGISTRAR'S SIGNATURE <b>Laura J. Jones</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. Virgil Herrick</b>	ADDRESS <b>Pleasant Hill Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 16 1950  
HEALTH DEPARTMENT

**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. Nigel Herwick*  
Licensed Embalmer No. *3599*

P. O. Address *Pleasant Hills*

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.