

38127

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 26 1951

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>359</u>	
1. PLACE OF DEATH a. COUNTY <u>RXXXX, Marion.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri.</u>		c. LENGTH OF STAY (in this place) <u>10 Hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri.</u>		<u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>L.</u> c. (Last) <u>Wilkey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 27, 1883</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Deterding</u>		13b. MOTHER'S MAIDEN NAME <u>Doxie Craig</u>		14. NAME OF HUSBAND OR WIFE <u>Albert F. Wilkey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert F. Wilkey Perry, Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Shock - hearing 1 accidental death of son.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: ² <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4201</u>			
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 <u>Nov. 3</u> , 19 <u>51</u> , to <u>Nov 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 4</u> , 19 <u>51</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Emed T. Swan</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Perry, Missouri.</u>		23c. DATE SIGNED <u>11/7/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 17 - 1951</u>		REGISTRAR'S SIGNATURE <u>St. M. Lucke - AC</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde B. Wilkey Perry, Missouri.</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED NOV 21 1951
SHERMAN CO. HEALTH DEPT.
DATE FILED NOV 21 1951

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 Clyde C. Wilkey
Licensed Embalmer No. 3820

P. O. Address Perry, Mo

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.