U.S. No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4245

BIRTH NO. _____ REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 5216 Registrar's No. 10

0180
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**1. PLACE OF DEATH**
a. COUNTY: Carter
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pike Township
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 Box 50 Fremont, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Carter
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pike Twp 0180 0
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 50, Fremont, Mo

**3. NAME OF DECEASED** (Type or Print)
a. (First): David
b. (Middle):
c. (Last): Wilkes

**4. DATE OF DEATH** (Month) (Day) (Year): Feb 23 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: March 28, 1868
**9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months 10 Days 25 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Callao Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Tait Wilkes
**13b. MOTHER'S MAIDEN NAME**: Pamelia Posy
**14. NAME OF HUSBAND OR WIFE**: Mary E. Wilkes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mary E. Wilkes, Rt. 1, Fremont Mo

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic myocarditis — 2 yrs

DUE TO (c) Pulmonary tuberculosis and arterial hypertension — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 002X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* May 21 1946, *to* Feb 23, 1952, *that I last saw the deceased alive on* 2-3, 1952, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Frank J. Rusnicki D.O.
**23b. ADDRESS**: Van Buren Mo
**23c. DATE SIGNED**: 2-23-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 2-25-52
**24c. NAME OF CEMETERY OR CREMATORY**: Callao Cemetery
**24d. LOCATION** (City, town, or county) (State): Callao Mo

**DATE REC'D BY LOCAL REG.**: Feb 25-1952
**REGISTRAR'S SIGNATURE**: Mrs Octa Hanson 50-0
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Coleman McFadden, Van Buren Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Allen C. McJunkin

Licensed Embalmer No. 45-43

P. O. Address Van Buren, 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.**