

5. No. 30  
10:48  
FILED

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12464

State File No. ....

APR 28 1952  
20469  
4-25-52

BIRTH NO. 422552 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 23

290  
0

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

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Loekwood Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural North Twp. 1290</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Greenfield Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Francis</b> b. (Middle) <b>LeRoy</b> c. (Last) <b>Wilkinson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 22 1952</b>		
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5. SEX <b>0</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single 0</b>	8. DATE OF BIRTH <b>April 22, 1952</b>	9. AGE (In years last birthday)	10. MONTH <b>11</b>	11. DAY <b>15</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Dade Co</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Clyde J Wilkinson</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Wilkinson</b>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clyde J Wilkinson Greenfield Mo</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no Septicemia</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>776 y</b>				20. AUTOPSY? YES <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from **4-22**, 19**52**, to **4-22**, 19**52**, that I last saw the deceased alive on **4-22**, 19**52**, and that death occurred at **12:00 noon** from the causes and on the date stated above.

23a. SIGNATURE <b>Leea Mc Neal MD</b> (Degree or title)		23b. ADDRESS <b>Greenfield</b>		23c. DATE SIGNED <b>4-24-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial 0</b>		24b. DATE <b>4-5-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Dade Co Mo.</b>	
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DATE REC'D BY LOCAL REG <b>4-25-52</b>		REGISTRAR'S SIGNATURE <b>Geo C Weir 74-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.R. Allison Greenfield Mo.</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Wilmington

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.