

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20442

State File No.

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (SYLVANIA TOWNSHIP) 15 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (SYLVANIA TOWNSHIP)	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #1 ORAN		d. STREET ADDRESS (If rural, give location) R. F. D. #1 ORAN	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MARION c. (Last) WILKINSON			4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 15 1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER & CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME DAVID WILKINSON	13b. MOTHER'S MAIDEN NAME NORCESSI BOLLINGER	14. NAME OF HUSBAND OR WIFE DORA BELL WILKINSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CHESTER WILKINSON ADDRESS ORAN 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis		15 Min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension		?
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	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 First call after death, to after death, that I last saw the deceased alive on , 1953, and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE Helma C. Brinkhove M.D. Health Officer (Degree or title)	23b. ADDRESS Benton Mo	23c. DATE SIGNED 5-28-53
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAY 25 1953	24c. NAME OF CEMETERY OR CREMATORY OLD MORLEY CEMETERY
		24d. LOCATION (City, town, or county) (State) MORLEY, SCOTT COUNTY MO.

DATE REC'D BY LOCAL REG. 6-3-53	REGISTRAR'S SIGNATURE Mrs Fred Brinkhove	25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith ADDRESS ORAN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-4-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 653-124

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 Earl J. Smith.....

Licensed Embalmer No. 2676.....

P. O. Address Orew, 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.