

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

2090

FILED JAN 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42069

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Bollinger,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ? Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville, Mo. 2090	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital, Wilkeson,			

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) H	c. (Last) Wilkeson,	4. DATE OF DEATH (Month) (Day) (Year) 12-17-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June, 25th 1973	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR 5 Months	IF UNDER 24 HRS. 22 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bollinger Co,	12. CITIZEN OF WHAT COUNTRY? A.
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13a. FATHER'S NAME A. C. Wilkeson	13b. MOTHER'S MAIDEN NAME Hilderbrand	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 720 (If yes, give war or dates of service) ✓	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Wella Abernathy, Mable Hill Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac De-compensation		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma liver DUE TO (c) Primary carcinoma prostate		
	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 177X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2/3 1950, to 12/17, 1953, that I last saw the deceased alive on 12/17, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE John J. Myers (Degree or title) MD	23b. ADDRESS Lutesville Mo.	23c. DATE SIGNED 12/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-53	24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	24d. LOCATION (City, town, or county) (State) Lutesville, Mo.
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DATE REC'D BY LOCAL REG. Dec. 27-53	REGISTRAR'S SIGNATURE Willie Cananburgh	25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home, Lutesville Mo.	ADDRESS
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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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

A. J. Baker

Licensed Embalmer No.

3573

P. O. Address

Intersuit 6 #

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.