

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 54-4

1. PLACE OF DEATH
a. COUNTY Dade

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North Twp

c. LENGTH OF STAY (in this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Dade

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Norty Twp 0290

d. STREET ADDRESS (If rural, give location) 4mi n.w.Greenfield Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Roena b. (Middle) Mae c. (Last) Wilkinson

4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1954

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH may 18 1927 9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and State or Foreign Country) Dade Co Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter Gillen 13b. MOTHER'S MAIDEN NAME Minnie Gillen 14. NAME OF HUSBAND OR WIFE Paul Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Wilkinson Greenfield Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Frontal + Basal Skull Fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Injuries
DUE TO (c) Crushed Rib Cage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION: _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #39 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Greenfield Mo North Twp Dade Co Mo (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 4 1954 3p 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Car accident

22. I hereby certify that I attended the deceased from after death, 1954, that I last saw the deceased alive on _____, 1954, and that death occurred at 3:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.R. Allison Coroner 23b. ADDRESS Greenfield Mo 23c. DATE SIGNED 1-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 8, 1954 24c. NAME OF CEMETERY OR CREMATORY Stockton 24d. LOCATION (City, town, or county) (State) Stockton Mo.

DATE REC'D BY LOCAL REG. 1-11-54 REGISTRAR'S SIGNATURE J. C. Canada 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo.

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 *W. R. Allison*

Licensed Embalmer No. *4484*

P. O. Address *Greenville*

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.