

No. 300
10. 48

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23880

State File No.

BIRTH NO. REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5900 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Camdenton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camdenton</u>	
b. CITY OR TOWN <u>Camdenton</u>		c. CITY OR TOWN <u>Camdenton</u>	
c. LENGTH OF STAY (In this place) <u>9 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
• STREET ADDRESS <u>Route 1</u>		(If rural, give location) <u>0180</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Garrett</u>	b. (Middle) <u>Wilkinson</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7-17-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-6-1866</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Burden S.C.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Wilkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Wilkinson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Hill Hays</u>	ADDRESS <u>Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disease - Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis - Chronic cystitis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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 4-9, 1951, to 4-2, 1954, that I last saw the deceased alive on 4-2, 1954, and that death occurred at Home m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.D. Kasey</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hayti Mo.</u>	23c. DATE SIGNED <u>7-21-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>7-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herman Oak Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Herronville Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUL 27 1954</u>	REGISTRAR'S SIGNATURE <u>Chad H. Bridget</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herronville Co. Steel Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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