

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chanton
c. LENGTH OF STAY (If in this place) 40 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 mi. S. Glasgow Hwy 87

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chanton 0450
d. STREET ADDRESS (If rural, give location) 3 mi. S. Glasgow Hwy 87

3. NAME OF DECEASED
a. (First) CLAUDE b. (Middle) - c. (Last) WILKINSON 4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 22, 1872 9. AGE (In years last birthday) 82 9. AGE (In years) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working lifetime if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Wood Construction 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Noah Wilkinson 13b. MOTHER'S MAIDEN NAME Amanda Anderson 14. NAME OF HUSBAND OR WIFE Lillie Sherwood Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Hadley Wilkinson ADDRESS Glasgow 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrostatic Pneumonia INTERVAL BETWEEN ONSET AND DEATH 12 hours
ANTECEDENT CAUSES DUE TO (b) Paralysis caused from blood clot. 22 hours
DUE TO (c) _____
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 1945, to February 2, 1955, that I last saw the deceased alive on February 3, 1955, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Linn, D.D.S. 23b. ADDRESS Glasgow Mo. 23c. DATE SIGNED 2-8-55

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 6, 1955 24c. NAME OF CEMETERY OR CREMATORY Washington 24d. LOCATION (City, town, or county) (State) Glasgow Mo.

DATE REC'D BY LOCAL REG. Feb. 8, 1955 REGISTRAR'S SIGNATURE Walter Audley GENERAL DIRECTOR'S SIGNATURE Hadley Linn ADDRESS Glasgow 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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *E. J. Scrimm*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.