

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25102

State File No.

FILED AUG 9 - 1955

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp.</u>	c. LENGTH OF STAY (in this place) --	c. CITY OR TOWN <u>Rich Hill</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile N. of Nevada</u>		e. STREET ADDRESS (If rural, give location) <u>Parkview Hotel</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EARL</u> c. (Last) <u>WILKINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July - 30 - 1955</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 1 - 1890</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Sales Serv.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Willow Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Samuel Wilkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Phoebe Knight</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Wilkinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>	16. SOCIAL SECURITY NO. <u>494-30-9166</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Wilkinson</u>	ADDRESS <u>Kansas City, Mo.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <u>Woman found dead</u> <u>mental details</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 July 14, 1955 to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Anna J. Ferry</u>	(Degree or title)	23b. ADDRESS <u>451 - Booth's Funeral Service - Rich Hill, Mo.</u>	23c. DATE SIGNED <u>Aug 1 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caney Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caney, Kansas</u>
DATE REC'D BY LOCAL REG. <u>8-2-1955</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth's Funeral Service - Rich Hill, Mo.</u>	

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

AUG 17 1955

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.....
Signature of Student Embalmer

Signed *John G. Underwood*
Licensed Embalmer No. *351*
P. O. Address *Butte*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.