

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FEE NUMBER 24807

FILED JUL 17 1956
48001-56

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 243

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, give TOWNSHIP only) Marion St. Francois		Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Potosi		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Mineral Area Osteo. Hosp.			Length of stay in 1b 4 Hrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Baby (B) Wilkinson			4. DATE OF DEATH Month Day Year July 1 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min. 7 7 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Farmington, Missouri	
13. FATHER'S NAME Luther Edward Wilkinson			14. MOTHER'S MAIDEN NAME Dorothy Lucille Boyer		
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. NONE		17. INFORMANT Address Luther Wilkinson Mineral Point Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stenotorsia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature birth DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7625					INTERVAL BETWEEN ONSET AND DEATH 7 hrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1, 1956 to July 1, 1956 and last saw ^{her} _{him} alive on July 1, 1956 . Death occurred at 7:23 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Luther Ed. Wilkinson			22b. ADDRESS Mineral Point Mo		22c. DATE SIGNED 7/2/56
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7-2-56	23c. NAME OF CEMETERY OR CREMATORY New Higgins Cem. Washington Co. Mo.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Mrs. Luther Spark Potosi Mo.			25. DATE RECD. BY LOCAL REG. July 2, 1956		26. REGISTRAR'S SIGNATURE Cather Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.