

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37580**

FILED DEC 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>WASHINGTON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>1012 WEST FIFTH ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>HENRY</b> c. (Last) <b>WILKINSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29, 1956</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 26, 1877</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Days <b>1</b>	IF UNDER 24 HRS. Hours <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WASHINGTON Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>SAMUEL Wm. WILKINSON</b>		13b. MOTHER'S MAIDEN NAME <b>EMALINE McWILLIAMS</b>		14. NAME OF HUSBAND OR WIFE <b>EMMA PHILLIPS, dec'd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Thomas Barrett</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric hemorrhage</b>		DUE TO (b) <b>Gastric ulcer</b>			<b>12 hr.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arterio-sclerotic C.V.R disease</b>			<b>unknown</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>			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) (Min.)		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 23 Nov, 1956, to 29 Nov, 1956, that I last saw the deceased alive on 28 Nov, 1956, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Raymond J. Boyce, MD</b>		23b. ADDRESS <b>Washington Mo</b>		23c. DATE SIGNED <b>30 Nov 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Dec. 1, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Presbyterian Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Washington Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Henry W. Otto</b>		ADDRESS <b>Washington Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12/1/56</b>		REGISTRAR'S SIGNATURE <b>F. S. Steinhilber</b>			

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

Case No. 12-516

99-0

**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 name..... Student Embalmer No. none.....  
working under my personal supervision..

Student name.....  
Signature of Student Embalmer

Signed Henry W. Otto.....  
Licensed Embalmer No. 356.....  
P. O. Address Washington.....

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.