

FILED NOV 23 1956

STANDARD CERTIFICATE OF DEATH

40307

State File No.

333

4488

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 175

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE* (Where deceased lived: If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MORLEY	c. LENGTH OF STAY (In this place) 50 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MORLEY	
d. FULL NAME OF HOSPITAL OR INSTITUTION MORLEY		d. STREET ADDRESS (If rural, give location) MORLEY	

3. NAME OF DECEASED (Type or Print) a. (First) ELZIE b. (Middle) RALPH c. (Last) WILKINSON			4. DATE OF DEATH (Month) (Day) (Year) NOV. 8 1956		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 6 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING TRADE		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME DAVID WILKINSON		13b. MOTHER'S MAIDEN NAME NARCESSIE BOLLINGER		14. NAME OF HUSBAND OR WIFE SYLVIA WILKINSON	
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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. 498-10-5749	17. INFORMANT'S SIGNATURE OR NAME ADDRESS SYLVIA WILKINSON MORLEY, MO.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Artery Occlusion</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>70 minutes</i>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 4201	
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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?	
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22. I hereby certify that I attended the deceased from 8 Nov, 1956, to 8 Nov, 1956, that I last saw the deceased alive on 7 Nov, 1956, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Robert E. Tibble, M.D.</i>		23b. ADDRESS <i>111 East Yorkum, Cheffee, Mo.</i>	23c. DATE SIGNED <i>10 Nov 56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE NOV. 11 1956	24c. NAME OF CEMETERY NEW TRACE CREEK BAPTIST	24d. LOCATION (City, town, or county) (State) BOLLINGER CO. MO.	
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DATE REC'D BY LOCAL REG. <i>Nov. 13-56</i>	REGISTRAR'S SIGNATURE <i>Miss Ella Hunter</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl J. Smith, ORAN, MO.</i>		
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED NOV 19 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-242

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

Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Orew 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.