

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41321

STATE FILE NUMBER

FILED JAN 2 1957

Registration District No. 142

Primary Registration District No. 4231

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>N. Carolina</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wilmington</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sumberton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <u>None</u>			Length of stay in lb -----	d. STREET ADDRESS (If outside, give location) <u>Rural Route # 2</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Vickie</u>				First	Middle	Last	4. DATE OF DEATH Month <u>Dec.</u> Day <u>27</u> Year <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 27, 1955</u>		9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States.</u>	
13. FATHER'S NAME <u>Clemie E. Wilkins</u>				14. MOTHER'S MAIDEN NAME <u>Sarah S. Edmund</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Clemie E. Wilkins, Sumberton, N. C.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Collision of two Automobiles</u> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>One auto pulled into path of another which</u>						
20c. TIME OF INJURY Hour <u>9</u> a. m. <u>pm.</u> Month, Day, Year <u>Dec. 27, 56</u>		caused upset of auto #1. Auto rolled on infant.						
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.) <u>Junction Hwy 60-4</u>		20f. CITY, TOWN, OR LOCATION <u>Mountain View, Mo.</u> COUNTY <u>Howell</u> STATE <u>Mo</u>				
21. I attended the deceased from <u>Dec. 27th</u> to <u>Dec. 27th</u> and <u>NEVER saw her alive.</u> Death occurred at <u>9 a. m. INSTANTLY</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Joe R. Duncan</u> (Degree or title) <u>Coroner</u> <u>3</u>				22b. ADDRESS <u>Mtn. View, Mo., Howell Co.</u>		22c. DATE SIGNED <u>Dec. 28.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 29, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Family Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sumberton, North Carolina</u>			
24. FUNERAL DIRECTOR <u>Duncan's Mountain View, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-29-1956</u>		26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms or signs of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. Berman

Licensed Embalmer No. *2671*

P. O. Address *W. H. K. Co.*

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.