

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

326885

STATE FILE NUMBER

FILED OCT 3 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 377

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>LaGrange</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hosp.</u>		d. STREET ADDRESS <u>No street address</u>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Louella</u> Last <u>Wilkinson</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>22</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 25, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Cherryville, Mo.,</u>
13a. FATHER'S NAME <u>Russell R. Edgar</u>		13b. MOTHER'S MAIDEN NAME <u>Mickey Stafford</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur N. Wilkinson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mr. A.N. Wilkinson LaGrange, Mo.,</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>Bronchial pneumonia</u> DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>33(x)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u> <u>3 da</u>
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 <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 <u>Sept 21, 1957</u> to <u>Sept 22, 1957</u> and last saw her alive on <u>Sept 22</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. A. Hill M.D.</u> (Degree or title)		22b. ADDRESS <u>Palmyra Mo</u>	
22c. DATE SIGNED <u>9/24/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 24, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		23d. LOCATION (City, town, or country) (State) <u>St. Charles Mo.</u>	
24. FUNERAL DIRECTOR <u>J. Kenneth Buley, La Grange Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-57</u>	
26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luke</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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MARION CO. HEALTH DEPT.
DATE FILED OCT 2 1957

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 *Kenneth Bailey*
Licensed Embalmer No. *4248*
P. O. Address. *LaHarpe 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.