Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022747
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 265 Primary Registration District No. 5889 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bull Shoals Lake — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in Hospital: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 46 & Monroe — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Francis Middle: Cope Last: Wilkinson
4. DATE OF DEATH: Month 7 Day 1 Year 58
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-30-1903
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Finisher
10b. KIND OF BUSINESS OR INDUSTRY: General Motors
11. BIRTHPLACE (City and state or country): Bates City Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John C. Wilkinson
14. MOTHER'S MAIDEN NAME: Ida Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-09-4079
17. INFORMANT: Kenneth Cope Wilkinson Address 4445 Monroe K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Accident Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 850X 42
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 ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Fell out of boat while Fishing
20c. TIME OF INJURY Hour 5:45 p.m. Month, Day, Year 7 1 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Bull Shoals Lake
20f. CITY, TOWN, OR LOCATION: Bull Shoals Lake 077 COUNTY: Ozark STATE: Mo.

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____. Death occurred at 5:45 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John R. Usery (Degree or title): Coroner 3
22b. ADDRESS: Gainesville Mo.
22c. DATE SIGNED: 7-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-4-58
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county): Kansas City (State): Mo.

24. FUNERAL DIRECTOR: Clinkingbeard ADDRESS: Gainesville
25. DATE RECD. BY LOCAL REG.: 7/7/58
26. REGISTRAR'S SIGNATURE: Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

JUL 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Elsey

Licensed Embalmer No. 48

P. O. Address Gainesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.