

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022135

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 195

Primary Registration District No.

Registrar's No. 52-59

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southwest City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tiff City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in lb 12 years	d. STREET ADDRESS (If outside, give location) 0600		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Minnie Middle A. Last Wilkins			4. DATE OF DEATH Month May Day 22 Year 1959		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 11 1887		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mena, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ayers		13b. MOTHER'S MAIDEN NAME Addie Shelby		14. NAME OF HUSBAND OR WIFE John Wilkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If none, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Gordon Dollins Sapulpa, Okla.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Moderate hypertension					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-15-59 to 5-22-59 and last saw her ^{her} alive on 5-22-59 Death occurred at 1:55 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. E. Varnack M.D. (Degree or title)			22b. ADDRESS Southwest City, Mo.		22c. DATE SIGNED 5-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 24 1959	23c. NAME OF CEMETERY OR CREMATORY Southwest City Cem.		23d. LOCATION (City, town, or county) (State) Southwest City, Mo.
24. FUNERAL DIRECTOR Humphrey & Son		ADDRESS Noel, Missouri		25. DATE RECD. BY LOCAL REG. 6-9-59	26. REGISTRAR'S SIGNATURE Mary A. Bradley

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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 *W. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Noel 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.