

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041490

FILED VS. NOV 17 1959 316

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 429

ENDED

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>St. Francois</u> | a. STATE <u>Mo.</u> | b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Randolph Township</u> | Length of stay in 1b | c. CITY OR TOWN <u>Frankelay</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy 8 - Flat River Intersection</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|-------------------------------|--|---|---|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First | Middle | Last | Month | Day |
| <u>Curtis Johnny Wilkinson</u> | | | <u>Nov. 6 1959</u> | |
| 5. SEX <u>MALE</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>1-16-1909</u> | 9. AGE (last birthday) <u>50</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead Co.</u> | 11. BIRTHPLACE (City and state or country) <u>Quaker, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |

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|---|---|---|
| 13a. FATHER'S NAME <u>Thomas Wilkinson</u> | 13b. MOTHER'S MAIDEN NAME <u>Amanda Coffman</u> | 14. NAME OF HUSBAND OR WIFE <u>Elva 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>490-03-1375</u> | 17. INFORMANT Address <u>Elva Wilkinson, Frankelay, Mo.</u> |

| | | |
|---|---|---|
| 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) <u>Presumed to be natural causes</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>(Investigated by Berl Miller, Coroner</u> | |
| | DUE TO (c) <u>of St. Francois Co., Mo.)</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|---|--|
| 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 _____ a.m. _____ p.m. Month, Day, Year _____ | 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at about 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|--|---|
| 22a. SIGNATURE (Degree or title) <u>Ether Rudloff</u> | 22b. ADDRESS <u>Local Registrar, Realty Bldg., Farmington, Mo.</u> | 22c. DATE SIGNED <u>11-9-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 9, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery, Leadwood, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Bert L. Boyer</u> | ADDRESS <u>Leadwood, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Nov. 9, 1959</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 18 1958
REGISTRATION DIV

NOV 18 1958
REGISTRATION DIV

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood m

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.