

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41031**

FILED JAN 12 1949

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>377-</u>	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 8 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 231 1/2 South Harrison			
3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE		b. (Middle) GENEVA		c. (Last) WILKINSON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1948	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1901	
9. AGE (In years last birthday) 47		10. COLOR OR RACE White		11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-Factory		10b. KIND OF BUSINESS OR INDUSTRY Shoe Manufacture		11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert L. Myers		13b. MOTHER'S MAIDEN NAME Narcissus Collier		14. NAME OF HUSBAND OR WIFE Irvin M. Wilkinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Irvin M. Wilkinson, 231 1/2 S. Harrison Sedalia			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. H9W		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma, ovary DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 2 months 6 months(?)	
19a. DATE OF OPERATION 8-20-48		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma, ovary, bilateral & bladder metastases.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? D			
22. I hereby certify that I attended the deceased from <u>Aug. 10, 1948</u> , to <u>Dec. 18, 1948</u> , that I last saw the deceased alive on <u>Dec. 18, 1948</u> , and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title) M.D.		23b. ADDRESS 312 1/2 S. Ohio St. Sedalia, Mo.		23c. DATE SIGNED 12-20-48	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/48		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 12/20/48		REGISTRAR'S SIGNATURE Betty Yeager, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-49

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 _____

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn
Student Embalmer

Signed Diane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.