S. No. 300
v. 10.48

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

505

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 21

16
1
4

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

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (in this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUTHEAST MISSOURI

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - COMMERCE, TWP
d. STREET ADDRESS (If rural, give location): 3 MI WEST OF COMMERCE, MO

3. NAME OF DECEASED (Type or Print)
a. (First): LEROY
b. (Middle): MORLAN
c. (Last): WILKINSON

4. DATE OF DEATH (Month) (Day) (Year): JAN 18 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 13 MARCH 1877
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): JOHNSON COUNTY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: LAFAYETTE WILKINSON
13b. MOTHER'S MAIDEN NAME: CASSIE BROWN
14. NAME OF HUSBAND OR WIFE: JUSIE E WILKINSON

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Susie E. Wilkinson — ADDRESS: Commerce

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Far advanced pulmonary tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): E 933
DUE TO (c): 20

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Subtrochenteric fracture of right femur — INTERVAL BETWEEN ONSET AND DEATH: 1-10-49

19a. DATE OF OPERATION: 1-12-49
19b. MAJOR FINDINGS OF OPERATION: Sub trochenteric fracture rt. femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Commerce, Scott Co. Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-10-49-8 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall in home

22. *I hereby certify that I attended the deceased from* 1-10, 1949, *to* 1-18, 1949, *that I last saw the deceased alive on* 1-17, 1949, *and that death occurred at* 6:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. G. Ritter, M.D.
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 1-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 20, 1949
24c. NAME OF CEMETERY OR CREMATORY: OAKDALE CEMETERY
24d. LOCATION (City, town, or county) (State): COMMERCE Mo

DATE REC'D BY LOCAL REG.: Jan 24-1949
REGISTRAR'S SIGNATURE: C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling Hoff Funeral Home — ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Registrar Officer No. 4

File Number 149-149

Filed 1-31-49

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Oliver C Amick

Licensed Embalmer No. 4470

P. O. Address Elmo, 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.