

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1126

State File No.

FILED FEB 7 1949

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Pinkney</u> c. (Last) <u>Wilkinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-49</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>3-21-1890</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR: Months <u>9</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wheeling, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Bill Wilkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Meadows</u>		14. NAME OF HUSBAND OR WIFE <u>Vigie Wilkinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>450-09-9944</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vigie Wilkinson</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Cerebral Arteriosclerosis</u>			<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>40</u>			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)		
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?		

22. I hereby certify that I attended the deceased from 2-20-1946, to 1-1-1949, that I last saw the deceased alive on 12-30-1948, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Bohrer, M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>1-5-49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>1-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dallas Texas</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>Jan 29-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilkinson's West Plains, Mo.</u>	
---	--	---	--	--	--

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

46
1
1

RECEIVED 2-2-49
District Health Officer No. 5,
District File Number 244 103
Date Filed 2-2-49

MS
OCT 11 1960

MS
JAN 18 1950

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.

Signed D. D. Robertson

Signed _____
Student Embalmer

Licensed Embalmer No. 3470

P. O. Address West Plains, 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.