

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1949

State File No. **18294**

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

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY SCOTT			
b. CITY OR TOWN CHAFFEE		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN CHAFFEE			
d. FULL NAME OF HOSPITAL OR INSTITUTION 321 E. DAVIDSON				d. STREET ADDRESS (If rural, give location) 321 E. DAVIDSON-			
3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) E c. (Last) WILKINSON			4. DATE OF DEATH (Month) (Day) (Year) JUNE 1-1949				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 9-1894	9. AGE (In years last birthday) 54	if UNDER 1 YEAR Days 5	if UNDER 24 HRS. Hours 22	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) WICKLIFF KY.		12. CITIZEN OF WHAT COUNTRY? ✓		
13a. FATHER'S NAME BEN. C. MESHEW		13b. MOTHER'S MAIDEN NAME ANNIE SMITH		14. NAME OF HUSBAND OR WIFE P. N. WILKINSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) ✓		16. SOCIAL SECURITY NO. 498-01-0345	17. INFORMANT'S SIGNATURE OR NAME MRS. A.P. MESHEW. ADDRESS _____				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Cardiac					3 Mos
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Rheumatic					
		DUE TO (c) Heart Disease					10 years
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4/6x
19a. DATE OF OPERATION ✓ 9/2		19b. MAJOR FINDINGS OF OPERATION Pericarditis Tapping					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) m.		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 1938 , 19 5/31 , 19 77 , that I last saw the deceased alive on 3/31 , 19 77 , and that death occurred at 12:02 AM from the causes and on the date stated above.							
23a. SIGNATURE W. D. ... (Degree or title)				23b. ADDRESS Box 809 Chaffee Mo.		23c. DATE SIGNED 6/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-3-1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU MO.		
DATE REC'D. BY LOCAL REG. 6/3/49		REGISTRAR'S SIGNATURE P. P. Mac ...		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS ...	

RECEIVED

District Health Office No. 2

District File Number 649-658

Case Filed 6-9-49

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

C. J. Loring

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.