

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

FILED JUL 8 1950

State File No. 5640

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Macoupin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gillespie		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital				d. STREET ADDRESS (If rural, give location) 710 First St.			
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle)		c. (Last) Wilkinson	
4. DATE OF DEATH (Month) (Day) (Year) June 24, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 7, 1880		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine	
11. BIRTHPLACE (State or foreign country) Braidwood, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William Wilkinson		13b. MOTHER'S MAIDEN NAME Mary Williamson	
14. NAME OF HUSBAND OR WIFE Alpha		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 241-09-2800		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alpha Wilkinson, Gillespie, Ill.	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Am Stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Transurethral prostatic DUE TO (c) postoperative condition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9:30 PM 7 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE / HOMICIDE		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) (Minute) 6/24/50	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6/24					
22. I hereby certify that I attended the deceased from June 17, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 9:08 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank Bradley M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED June 24, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-25-50		24c. NAME OF CEMETERY OR CREMATORY Mayfield Memorial Park		24d. LOCATION (City, town, or county) (State) Carlinville, Ill.	
DATE REC'D BY LOCAL REG. JUN 28 1950		REGISTRAR'S SIGNATURE J B Fasater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.			

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

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 me

working under my personal supervision.

Student Embalmer No.

Signed

William S. Taylor

Signed.....

Student Embalmer

Licensed Embalmer No. 4099

P. O. Address St. Charles, 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.