

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43017

318

1003

Registrar's No. 10676

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Minium, /</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>		b. (Middle) _____		c. (Last) <u>Wilkes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 13, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 17, 1903</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Everely, Iowa /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bert Boon</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Wilkes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leonard Wilkes, Minium, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Mediastina & Lung Hila</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Temporary left paralytic & Terminal Confusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-6 mo</u> <u>6th mo</u> <u>about 3 wks.</u>	
19a. DATE OF OPERATION <u>9 Oct 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Hilar Glands - Rt lung & Mediastinum</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1.57X</u>			
22. I hereby certify that I attended the deceased from <u>Oct 2</u> , 19 <u>50</u> , to <u>12-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-13</u> , 19 <u>50</u> , and that death occurred at <u>10:20 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>V. Ernest Jensen MD</u> (Degree or title)				23b. ADDRESS <u>634 N. Grand Blvd</u>		23c. DATE SIGNED <u>13 Dec 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wall Lake Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Carol, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>DES 14 1950</u>		REGISTRAR'S SIGNATURE <u>A B Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred M. Williams 4535 Washington</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Signed



Signed.....

Student Embalmer

Licensed Embalmer No.

4699

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.