

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43529

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 13

0280  
1

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>CRAWFORD</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC</u> c. LENGTH OF STAY (in this place township) <u>15 YRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>4 MILES E. OF STEELVILLE, MO.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC</u> <u>0280</u> d. STREET ADDRESS (If rural, give location) <u>4 MILES E. OF STEELVILLE, MO.</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>EDWARD</u> b. (Middle) <u>LEO</u> c. (Last) <u>WILKINSON</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12/31/50</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>OCT. 4, 1888</u>
<b>9. AGE</b> (In years last birthday) <u>62</u> <small>UNDER 1 YEAR Months Days</small> <u>7 27</u> <small>IF UNDER 12 HRS. Hours Min.</small>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>VAN WILKINSON</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARGARET REEDY</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>ANN WILKINSON</u>		<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>488-03-6670</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>MRS. ANN WILKINSON-STEELVILLE, MO.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic Myocarditis.</u> <b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) <u>Cancer Urinary Bladder?</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>none</u>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute) <u>none</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>22. I hereby certify that I attended the deceased from</b> <u>7-18</u> , 19 <u>50</u> , to <u>12-31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-22</u> , 19 <u>50</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>John Wash Doucek Jr MD</u>		<b>23b. ADDRESS</b> <u>Steelville, Mo. 1-1-51</u>	
<b>23c. DATE SIGNED</b> _____		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVABLE</u>	
<b>24b. DATE</b> <u>1/2/50</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>CALVARY CEMETERY</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>THOMAS S. HALBERT-STEELVILLE, MO.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>1-29-51</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 31 1951  
RECEIVED

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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

*Thomas S. Jacob*

Licensed Embalmer No. 4337

P. O. Address Steeleville, 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.