

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8230**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4224** Registrar's No. **23**

440

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) FOREST CITY		c. CITY (If outside corporate limits, write RURAL and give township) FOREST CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED a. (First) SARAH b. (Middle) ANN c. (Last) WILKES			4. DATE OF DEATH (Month) MARCH (Day) 17 (Year) 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 13, 1858		9. AGE (In years last birthday) 92 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PLATTSMOUTH, NEBR.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JONATHAN SCHAEFFER		13b. MOTHER'S MAIDEN NAME EINORA		14. NAME OF HUSBAND OR WIFE EDWARD WILKES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HARLEY WILKES ADDRESS FOREST CITY, MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 491 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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		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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **March 14, 1951**, to **March 17, 1951**, that I last saw the deceased alive on **March 15, 1951**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE D.P. Perry, M.D. (Degree or title)		23b. ADDRESS Maumelle City, Mo.		23c. DATE SIGNED 3-17-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR, 19, 1951		24c. NAME OF CEMETERY OR CREMATORY FOREST CITY		24d. LOCATION (City, town, or county) (State) FOREST CITY, MO.	
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DATE REC'D BY LOCAL REG. 3/21/51		REGISTRAR'S SIGNATURE D. J. Chang 122		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew ADDRESS Oregon Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon Mo.

Signed.....

Student Embalmer

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.