

5. No. 300
EV. 10.48

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19363

State File No.

0046
4

BIRTH NO. _____		REG. DIST. NO. <u>28</u>		PRIMARY REG. DIST. NO. <u>4021</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladsonia, Mo</u>		c. LENGTH OF STAY (In this place) <u>50495</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladsonia, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>6040</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Nursing Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>A.</u> c. (Last) <u>Wilkins.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30-1951</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 7-1873</u>			
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>4</u>		10. DAYS <u>23</u>		10. HOURS <u></u> MIN. <u></u>			
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 <u></u>		11. BIRTHPLACE (State or foreign country) <u>Pike County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>W. H. H. Thomas.</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Jim Wilkins.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Sam Torreyson</u> ADDRESS <u>Ladsonia</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		ANTECEDENT CAUSES: (b) <u>Come. Fracture of Clavicle</u>					<u>5 day</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Advanced Age.</u>					<u>2 Mo</u>		
II. OTHER SIGNIFICANT CONDITIONS: <u>Advanced Age.</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Age.</u>					<u>89020</u> <u>21</u>		
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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ladsonia Audrain Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 PM 30 1951</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell From bed.</u>					
22. I hereby certify that I attended the deceased from <u>Apr 30, 1951</u> , to <u>June 30, 1951</u> , that I last saw the deceased alive on <u>June 30, 1951</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. P. Paig</u> (Degree or title) <u>OO</u>				23b. ADDRESS <u>Ladsonia Mo.</u>		23c. DATE SIGNED <u>7-3-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladsonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ladsonia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-3-51</u>		REGISTRAR'S SIGNATURE <u>Martha Kember</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Buehoff</u>		ADDRESS <u>Ladsonia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1231
Date Filed: JUL 7 1951

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 *Clyde C. Wilkey*

Licensed Embalmer No. 3826

P. O. Address Terry, 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.