

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25981

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton</b>	
c. LENGTH OF STAY (in this place) <b>1 mo 22 days</b>		d. STREET ADDRESS (If rural, give location) <b>Main Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Katie Jane Memorial Home</b>			

3. NAME OF DECEASED (Type or Print)  
 a. (First) **Halow** b. (Middle) **Mahala** c. (Last) **Jane Wilkinson**  
 4. DATE OF DEATH (Month) (Day) (Year) **July 22 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**  
 8. DATE OF BIRTH **11-28-1889** 9. AGE (In years last birthday) **61** 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) **Housewife (Retired)**  
 10b. KIND OF BUSINESS OR INDUSTRY **General duty Montgomery Co Mo.**  
 11. BIRTHPLACE (State or foreign country) **U**  
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Philip Lee Smith** 13b. MOTHER'S MAIDEN NAME **Martha Parker** 14. NAME OF HUSBAND OR WIFE **John Wilkinson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **None**  
 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Martha Hill** ADDRESS **Bellflower 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pneumonia Hypostatic bilobed** INTERVAL BETWEEN ONSET AND DEATH **2 day**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Cerebral Hemorrhage**  
 DUE TO (c) **Hypertensive Cordis Dorsalis**  
 II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. **Renal Stenosis**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) **442 X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Jan 1, 1951**, to **July 22, 1951**, that I last saw the deceased alive on **July 2, 1951**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harold J. Anshaker M.D.** 23b. ADDRESS **Warrenton Mo.** 23c. DATE SIGNED **8-7-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 24 1951** 24c. NAME OF CEMETERY OR CREMATORY **Star Hope Cem.** 24d. LOCATION (City, town, or county) (State) **Near Elsberry Mo.**

DATE REC'D BY LOCAL REG. **8-8-51** REGISTRAR'S SIGNATURE **Floyd Logan** 25. FUNERAL DIRECTOR'S SIGNATURE **Clarence A. Jones** ADDRESS **Bellflower Mo.**

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

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RECEIVED

AUG 10 1951

MISSOURI DEPARTMENT OF HEALTH

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.