

FILED OCT 19 1951.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36207

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 4540 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
d. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u>		c. CITY (If inside corporate limits, write RURAL and give township) <u>Greenville</u> <u>111.0</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>WILKINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 6, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/2/1894</u>	9. AGE (In years last birthday) <u>57</u>	10 UNDER 1 YEAR Months <u>8</u>	11 UNDER 24 HRS. Days <u>4</u>	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>	11. BIRTHPLACE (State or foreign country) <u>Greenville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Leander Wilkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Gusta Wilkinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gusta Wilkinson</u>	ADDRESS <u>Greenville Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Oct 6 - 1951, to Oct 6 - 1951, that I last saw the deceased alive on Oct 6 - 1951, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Wagner, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Greenville, Mo.</u>	23c. DATE SIGNED <u>Oct 16 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Valley</u>	24d. LOCATION (City, town, or county) (State) <u>near Greenville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 16th 51</u>	REGISTRAR'S SIGNATURE <u>Maheh Beasley</u>	25. JOURNAL DIRECTOR'S SIGNATURE <u>Maura E. Pawley</u>	ADDRESS <u>Greenville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

OCT 17 1951

WAYNE CO. HEALTH CENTER

FILE No. 1051-69

TEST E

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 *Marion E. Bowler*

Licensed Embalmer No. 4425

P. O. Address *Resident*

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.