

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6165

State File No. ....

FILED MAR 10 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b> 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>117 Short St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSALIE</b> b. (Middle) <b>JANE</b> c. (Last) <b>WILKINSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26, 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 23, 1950</b>		9. AGE (In years last birthday) Months Days <b>1 10 3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MISSOURI D</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Earl Wilkinson</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Byrd</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Earl Wilkinson</b> ADDRESS <b>Bonne Terre, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>accidental Drowning</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Headed Corners jing placed came to his death</b>		
	DUE TO (c) <b>hydrocoring in a can of water in which he had</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>accidentally fallen, according to testimony</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>death was unavoidable</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bonne Terre St Francois MO 094</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 26 1952 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>accidentally fell into jail of water</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ruth Byrd, Deputy Sheriff, Acting Coroner</b>	23b. ADDRESS <b>Farrington Mo</b>	23c. DATE SIGNED <b>E9290 22 2/27/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Feb 28, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PATTON</b>	24d. LOCATION (City, town, or county) (State) <b>PATTON, MO</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 28, 1952</b>	REGISTRAR'S SIGNATURE <b>Ether Redloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Caldwell</b> ADDRESS
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River 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.