

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 3 1952

BIRTH NO. _____ REG. DIST. NO. 329 PRIMARY REG. DIST. NO. 6149 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Duck Creek T.S.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Duck Creek T.S. 1030</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>A</u>	c. (Last) <u>Wilkinson</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>2</u> (Year) <u>52</u>
-------------------------------------	--------------------------	----------------------	----------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11 19 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Elerseed Ind</u>	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	---	------------------------------

13a. FATHER'S NAME <u>John H. Wilkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Orpha Ann McDowell</u>	14. NAME OF HUSBAND OR WIFE <u>Louisia Wilkinson</u>
---	---	--

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>Orphia Dunn, Puxico Mo.</u>	ADDRESS _____
--	-------------------------------	--	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		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 (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>794X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 6 1951, to 3-2, 1952, that I last saw the deceased alive on 2-17, 1952, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. S. Williams</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Puxico, Mo.</u>	23c. DATE SIGNED <u>3/4/52</u>
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hollis</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Stoddard Mo.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-6-52</u>	REGISTRAR'S SIGNATURE <u>Floyd Morgan</u> <u>358</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Service</u> ADDRESS <u>Puxico Mo.</u>
--	--	---

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 Walter Marsh Wetherill

Licensed Embalmer No. 17

P. O. Address Feather, 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.