

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 16 1952

BIRTH NO. 16 1952 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Pettis 0804		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before education). a. STATE Missouri b. COUNTY Pettis 0804	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1303 E. 10th St.		d. STREET ADDRESS (If rural, give location) 1303 E. 10th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Elizabeth	c. (Last) Pilkenton	4. DATE OF DEATH (Month) (Day) (Year) July 8, 1952
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 1, 1887	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 7	IF UNDER 4 HRS. Min. 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Nash County, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Luther Perkins	13b. MOTHER'S MAIDEN NAME Mary E. Short	14. NAME OF HUSBAND OR WIFE Filo Pilkenton
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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) No Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. S. Yoder, R3, Sedalia, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death weeks</u> <u>Months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crownary trouble</u> DUE TO (c) <u>Myocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>not treated</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7-8-1952 to 7-8-1952 and that I last saw the deceased alive on 7-8-1952 and that death occurred at Sedalia, Mo. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. J. Campbell M.D.</u>	23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>7-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/11/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-9-52</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Shane Ewing</u>	ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Francis Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Seaside, N.J.*

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.