

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27680

State File No.
Registrar's No. 129

FILED SEP 2- 1952

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 129																			
1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i>				b. COUNTY <i>Franklin</i>																	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Washington</i>		c. LENGTH OF STAY (in this place) <i>6 da.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Labadie</i>		d. STREET ADDRESS (If rural, give location) <i>RR #2 East</i>																			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Kamis Hospital</i>				d. STREET ADDRESS																					
3. NAME OF DECEASED (Type or Print)			a. (First) <i>MARGARET</i>			b. (Middle) <i>ANN</i>			c. (Last) <i>WILKINSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8 26 1952</i>													
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Oct. 22, 1869</i>		9. AGE (in years last birthday) <i>82</i>		10. MONTHS <i>10</i>		11. DAYS <i>4</i>		12. IF UNDER 12 yrs. Hours Mins.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>				11. BIRTHPLACE (State or foreign country) <i>7 1/2 mile northwest of Washington</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>													
13a. FATHER'S NAME <i>James Maupin</i>				13b. MOTHER'S MAIDEN NAME <i>Martha Crowder</i>				14. NAME OF HUSBAND OR WIFE <i>Deceased</i>																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>				17. INFORMANT'S SIGNATURE OR NAME <i>Albert Wilkinson</i>				ADDRESS <i>Labadie, Mo.</i>													
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>												ANTECEDENT CAUSES												6-7 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												DUE TO (b) <i>arteriosclerosis</i>												10-12 yrs	
												DUE TO (c)													
11. OTHER SIGNIFICANT CONDITIONS												<i>Semipathy</i>													
Conditions contributing to the death but not related to the disease or condition causing death.																									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)				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 <i>21 Aug 1952</i> , to <i>26 Aug 1952</i> , that I last saw the deceased alive on <i>26 Aug 1952</i> , and that death occurred at <i>8 P. M.</i> , from the causes and on the date stated above.																									
23a. SIGNATURE (Degree or title) <i>Wm R Richardson, M.D.</i>								23b. ADDRESS <i>Union, Mo.</i>				23c. DATE SIGNED <i>28 Aug 52</i>													
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				24b. DATE <i>8-28-1952</i>				24c. NAME OF CEMETERY OR CREMATORY <i>Family Cemetery</i>				24d. LOCATION (City, town, or county) (State) <i>Labadie Home Place Mo.</i>													
DATE REC'D BY LOCAL REG <i>Aug. 28, 1952</i>				REGISTRAR'S SIGNATURE <i>J.P. Hedstrom</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm F. H. By</i>				ADDRESS <i>Washington, Mo.</i>													

(Licensed Embalmer's Statement on Reverse Side)

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

362

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

W. W. Wilburick

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.