

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28825

No. 300  
10.48

|   |                                  |  |   |   |   |   |  |   |                          |
|---|----------------------------------|--|---|---|---|---|--|---|--------------------------|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>228</u>  |   | PRIMARY REG. DIST. NO. <u>434</u>   |   | Registrar's No. <u>12</u>   |  |   |                          |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Montgomery</u>  |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> |   |   |  |   |                          |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Bellflower</u>   |                                  |  | c. LENGTH OF STAY (in this place)<br><u>6 weeks</u> |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Bellflower Mo.</u> <u>0700</u> |   |  |   |                          |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Home Hospital</u>   |                                  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>Bellflower</u>  |   |   |  |   |                          |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Amos</u>  |                                  |  | b. (Middle) <u>Richard</u>                          |   | c. (Last) <u>Wilkinson</u>  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept 3 1952</u> |   |                          |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                               |   | 8. DATE OF BIRTH<br><u>Jan 31 1885</u>  | 9. AGE (In years last birthday)<br><u>67</u>  | IF UNDER 1 YEAR<br>Months   | IF UNDER 1 YEAR<br>Days  | IF UNDER 24 HRS.<br>Hours   | IF UNDER 24 HRS.<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired oil well Driller</u>  |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>General</u> |   | 11. BIRTHPLACE (State or foreign country)<br><u>Lincoln Co Mo.</u> <u>0</u>                                       |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                  |   |                          |
| 13a. FATHER'S NAME<br><u>Robert E. Wilkinson</u>  |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Etta Clark</u> |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Stella M. Wilkinson</u>                   |  |   |                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  |  | 16. SOCIAL SECURITY NO.<br><u>512-09-6199</u>       |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Stella M. Wilkinson Bellflower Mo.</u>                            |   |  |   |                          |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |                                  |  |   | MEDICAL CERTIFICATION   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |                          |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  |                                  |  |   | DUPLICATE (b) <u>Bronchiogenic Carcinoma</u>  |   |   |  | <u>about 1 year</u>   |                          |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                                  |  |   | DUPLICATE (c)   |   |   |  | <u>1 year</u>   |                          |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                                  |  |   |   |   |   |  |   |                          |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>162X</u>  |   |   |   |   |  | 20. AUTOPSY?<br>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 <u>July 10, 1952</u> to <u>Sept. 3, 1952</u> , that I last saw the deceased alive on <u>Sept. 2, 1952</u> and that death occurred at <u>2:30 a. m.</u> , from the causes and on the date stated above. |                                  |  |   |   |   |   |  |   |                          |
| 23a. SIGNATURE (Degree or title)<br><u>D. J. Byland M.D.</u>  |                                  |  |   | 23b. ADDRESS<br><u>Wellsville Mo.</u>   |   |   | 23c. DATE SIGNED<br><u>9-3-52</u>                              |   |                          |
| 24a. BURIAL / CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24b. DATE  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Macedonia</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Near Bellflower Mo.</u> |  |   |                          |
| DATE REC'D BY LOCAL REG.<br><u>9-6-52</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Miss May Miller</u>  |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Clarence Jones</u>   |   | ADDRESS<br><u>Bellflower Mo.</u>                               |   |                          |

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 27 1953

SEP 25 1952

SEP 10 1952

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 \_\_\_\_\_

*Clasid A Jones*  
Licensed Embalmer No. 2978

P. O. Address Bellflower M

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.