

STANDARD CERTIFICATE OF DEATH

State File No. 30753

SEP 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>BOONE</u>				a. STATE <u>MO</u>		b. COUNTY <u>ANDRAIN</u>		
b. CITY OR TOWN <u>CENTRALIA</u>		c. LENGTH OF STAY (in this place) <u>2 mos</u>		c. CITY OR TOWN <u>MEXICO MO</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HULEN NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0043</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>William</u>			b. (Middle) <u>G. Wilkins</u>			c. (Last) _____		
(Type or Print)			DATE (Month) (Day) (Year) <u>SEPT 20, 1952</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Aug 5, 1868</u>		
9. AGE (In years last birthday) <u>84</u>		if UNDER 1 YEAR Months <u>1</u> Days <u>12</u> Hours <u>1</u> Min. _____		if UNDER 24 HRS. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SDR MERCHAND</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Andrain Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETER D. WILKINS</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN E. GORHAM</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK WILKINS - FULTON, MO</u>				
(If yes, give war or dates of service)		NO.		ADDRESS _____				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>					<u>?</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) _____						
		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 _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4500</u>				
22. I hereby certify that I attended the deceased from <u>Sept 9, 1952</u> to <u>Sept 19, 1952</u> that I last saw the deceased alive on <u>Sept 19, 1952</u> and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Lachance</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Centralia Mo.</u>		23c. DATE SIGNED <u>9-20-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>		
DATE REC'D BY LOCAL REG. <u>Sept 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHAS ARNOLD</u>		ADDRESS <u>MEXICO MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1978

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 Chris Amundson

Licensed Embalmer No. 3569

P. O. Address Myrtle, 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.