

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8596**  
Registrar's No. **21**

FILED MAR 14 1953

REG. DIST. NO **373** PRIMARY REG. DIST. NO **457X**

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

BIRTH NO. _____		REG. DIST. NO <b>373</b>		PRIMARY REG. DIST. NO <b>457X</b>		Registrar's No. <b>21</b>				
1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NIANGWA MO</b>		c. LENGTH OF STAY (in this place) <b>15 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NIANGWA MO 1120</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>M</b> c. (Last) <b>WILKINSON</b>			4. DATE OF DEATH <b>FEB 28 1953</b>		5. SEX <b>Male</b> COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>			
8. DATE OF BIRTH <b>OCT 7 1872</b>		9. AGE (In years last birthday) <b>80</b>		10. UNDER 1 YEAR <b>4</b> MONTHS <b>20</b> DAYS		11. BIRTHPLACE (City and State or Foreign Country) <b>NIANGWA MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>NIANGWA MO</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>GEORGE WILKINSON</b>			13b. MOTHER'S MAIDEN NAME <b>MARY LETTERMAN</b>			14. NAME OF HUSBAND OR WIFE <b>DORA WILKINSON</b>			17. INFORMANT'S SIGNATURE OR NAME <b>DORA WILKINSON</b> ADDRESS <b>NIANGWA MO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>DORA WILKINSON</b> ADDRESS <b>NIANGWA MO</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b> ANTECEDENT CAUSES <b>Decompensated Hypertensive Heart Disease</b> DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS <b>443X</b> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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)		21f. HOW DID INJURY OCCUR?				
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"/>		22. I hereby certify that I attended the deceased from <b>11/13 1952</b> , to <b>2/28 1953</b> , that I last saw the deceased alive on <b>2/27 1953</b> , and that death occurred at <b>5:00 a.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.V.</b>				23b. ADDRESS <b>Marshfield, Mo.</b>		23c. DATE SIGNED <b>2/28/53</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-2-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NIANGWA</b>		24d. LOCATION (City, town, or county) (State) <b>NIANGWA MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BARBER-BARTO</b> ADDRESS <b>MARSHFIELD MO</b>		
DATE REC'D BY LOCAL REG. <b>3/12/53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>392</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BARBER-BARTO</b> ADDRESS <b>MARSHFIELD MO</b>						

**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 R. W. Barker

Licensed Embalmer No. 3848

P. O. Address Mrs. Home 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.