

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20625

State File No.

FILED JUN 24 1953

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>HUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>HUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VANDALIA-MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VANDALIA-MO.0041</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOWELL-REST-HOME.</u>		d. STREET ADDRESS (If rural, give location) <u>4145 CLARK-ST.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>LEWIS</u>	c. (Last) <u>WILKINSON.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-18-1953.</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>3-20-1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>RALLS, CO, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>FREDRICK WILKINSON.</u>	13b. MOTHER'S MAIDEN NAME <u>PERCILLA BAILEY</u>	14. NAME OF HUSBAND OR WIFE <u>MUCIA B. WILKINSON.</u>
---	--	--

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>Mrs Redmond Boyle - Perry, Mo.</u>	ADDRESS <u></u>
---	-------------------------------------	---	-----------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	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 <u>4201</u>	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 Jan 10, 1950, to June 18, 1953, that I last saw the deceased alive on June 18, 1953 and that death occurred at 8 P m, from the causes and on the date stated above.

23a. SIGNATURE <u>Grand Prince MD</u> (Degree or title)	23b. ADDRESS <u>Vandalia Mo.</u>	23c. DATE SIGNED <u>6/20/53</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/20/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VANDALIA-CEMETERY, VANDALIA-MO.</u>	24d. LOCATION (City, town, or county) (State) _____
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>JUNE 20 1953</u>	REGISTRAR'S SIGNATURE <u>Nellie Fugate</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wickray Perry Mo</u>	ADDRESS _____
--	--	---	---------------

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

041
4

300
48

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.....

Clyde C. Wilkey

Licensed Embalmer No.

3826

P. O. Address.....

Perry, 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.