

No. 30
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22550**

FILED JUL 2 - 1953

REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4435** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri. 1970	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) F. c. (Last) Wilkey	
4. DATE OF DEATH (Month) (Day) (Year) June, 15, 1953		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 18, 1881		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 11 Days 27 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and State or Foreign Country) Adams County, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lewis Wilkey		13b. MOTHER'S MAIDEN NAME Elizabeth Glazier	
14. NAME OF HUSBAND OR WIFE Myrtle Deterding		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 497-20-0144		17. INFORMANT'S SIGNATURE OR NAME Clyde C. Wilkey ADDRESS Perry, Missouri.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary disease ANTECEDENT CAUSES Chronic nephritis 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 592X	
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 , 1953, to June 15 , 1953, that I last saw the deceased alive on June 15 , 1953, and that death occurred at 7:00P m. , from the causes and on the date stated above.	
23a. SIGNATURE Ernest T. Swan (Degree or title) D.O.		23b. ADDRESS Perry, Missouri...	
23c. DATE SIGNED 6-15-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-17-1953		24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery	
24d. LOCATION (City, town, or county) (State) Perry, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilkey ADDRESS Perry, Mo.	
DATE REC'D BY LOCAL REG. 6-15-53		REGISTRAR'S SIGNATURE Clyde Wilkey	

(Licensed Embalmer's Statement of Reverse Side)

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. 3820

P. O. Address Perry, 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.