

FILED JUL 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23717

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6241</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bretton</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bretton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Petoski Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Petoski</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorona</u> b. (Middle) <u>Maire</u> c. (Last) <u>Wilkinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 29 - 1951</u>		9. AGE (In years last birthday) <u>1</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	11. UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Washington Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Kenneth Wilkinson</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Brown</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Wilkinson</u> ADDRESS <u>Petoski Mo</u>			
18. CAUSE OF DEATH 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>RHEUMATIC HEART DISEASE</u>	DUE TO (b) _____					<u>2 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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) (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>May 5, 1953</u> to <u>June 28, 1953</u> , that I last saw the deceased alive on <u>May 5, 1953</u> , and that death occurred at <u>6:50 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward Lake Jr. M.D.</u>				23b. ADDRESS <u>Petoski, Mo.</u>		23c. DATE SIGNED <u>June 29, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Higgins Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>6/30/53</u>		REGISTRAR'S SIGNATURE <u>Arthur W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>Petoski Mo</u>			

403-0

(Licensed Embalmer's Statement on Reverse Side)

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

653

RECEIVED

1952

COMMUNITY HEALTH DEPT.

653-7

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 *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River, 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.