

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32103

State File No. _____

FILED SEP 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>359</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Independence</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Bates City</u>		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence-Santorum Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>7 mi South 0540 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>M</u>		c. (Last) <u>Wilkinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-6-1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-18-1878</u>		9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chapel Hill Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alex Wilkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wolgemuth</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Wilkinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edgar Wilkinson Oak Grove Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Retro-peritoneal Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> ANTECEDENT CAUSES <u>9 days post-operative intestinal resection</u> DUE TO (b) <u>intestinal resection</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death. <u>5615</u>					
19a. DATE OF OPERATION <u>8-30-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal resection following strangulated hernia</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____			
22. I hereby certify that I attended the deceased from <u>8-30</u> , 19 <u>53</u> , to <u>9-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>53</u> , and that death occurred at <u>7:30</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Williams M.D.</u>				23b. ADDRESS <u>Oak Grove Mo</u>		23c. DATE SIGNED <u>9-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept-9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove - P.O. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-7-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walt Farnum Home Oak Grove Mo</u>			

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

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No..... 36

P. O. Address..... Indip.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.