

FILED OCT 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36540**
Registrar's No. ~~359~~ **359**

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043	
1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pike		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 9/24/53	c. CITY OR TOWN Hull	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			e. STREET ADDRESS (If rural, give location) 8120 S		
3. NAME OF DECEASED (Type or Print) a. (First) Mary-Helen Wilkins b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) October 14, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25, 1913	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 3 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State or Foreign Country) Mich.		12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Harvey John Adkins		13b. MOTHER'S MAIDEN NAME Lula Davidson		14. NAME OF HUSBAND OR WIFE Russell T. Wilkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell T. Wilkins Hull Illinois		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal pneumonia ANTECEDENT CAUSES DUE TO (b) metastatic malignancies multiple Lympho Epithelioma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 4 months
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) 148X		
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 9/24/53 , 19____, to 10/14/53 , 19____, that I last saw the deceased alive on 10/14/53 , 19____, and that death occurred at 2:45A m., from the causes and on the date stated above.					
23a. SIGNATURE T. E. Suttman M.D.			23b. ADDRESS M.D.F.A.C.S 115 N. 5th St., Hannibal, Mo.		23c. DATE SIGNED 10/16/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/16/53	24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
DATE REC'D BY LOCAL REG. 10-20-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke		FURNERAL DIRECTOR'S SIGNATURE By W. C. ...		ADDRESS Hannibal Missouri

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

RECEIVED OCT 23 1953
MARION CO. HEALTH DEPT.,
DATE FILED OCT 23 1953

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 *H Crawford Smith*.....

Licensed Embalmer No..... 3814

P. O. Address.. Hannibal, Missou

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.