

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45017

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4157 Registrar's No. # 2

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Crawford</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u> <u>0280</u>                                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location)  |  |

|                                     |                            |                           |                            |                                       |
|-------------------------------------|----------------------------|---------------------------|----------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Gertrude</u> | b. (Middle) <u>Lorene</u> | c. (Last) <u>Wilkinson</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                            |                           |                            | <u>12</u> <u>31</u> <u>53</u>         |

|                 |                           |   |                                       |   |   |
|-----------------|---------------------------|---|---------------------------------------|---|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Jan. 16, 1897</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 18 HRS. (Hours) (Min.) <u>11</u> <u>12</u> |
|-----------------|---------------------------|---|---------------------------------------|---|---|

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

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|---|--|--|
| 13a. FATHER'S NAME <u>Joseph I. Dulaney</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Ratliff</u> | 14. NAME OF HUSBAND OR WIFE <u>L. D. Wilkinson</u> |
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|  |                         |   |                           |
|--|-------------------------|---|---------------------------|
| 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 <u>Dwight Wilkinson</u> | ADDRESS <u>Steelville</u> |
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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>days</u><br><u>None</u><br><u>years</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Insufficiency</u><br><u>Angina Pectoris</u><br>DUE TO (c) <u>Atherosclerosis</u> |  |  |
|   | 11. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
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|  |  |   |
|--|--|---|
| 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) (m.) | 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 Aug, 1952, to Dec, 1953, that I last saw the deceased alive on 31 Dec, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>John Haumbell MD</u> (Degree or title) | 23b. ADDRESS <u>Steelville Mo</u> | 23c. DATE SIGNED <u>1-11-54</u> |
|--|-----------------------------------|---------------------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-2-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Steelville</u> | 24d. LOCATION (City, town, or county) (State) <u>Steelville, Mo.</u> |
|---|-------------------------|--|--|

|   |   |  |                               |
|---|---|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>1-24-54</u> | REGISTRAR'S SIGNATURE <u>Genevieve C. Pitts</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jonas Funeral Home</u> | ADDRESS <u>Steelville Mo.</u> |
|---|---|--|-------------------------------|

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

280

Mo.

NOV 10 1964

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 \_\_\_\_\_

*Henry M. Jones*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Henry M. Jones*

Licensed Embalmer No. *3638*

P. O. Address *Peabody, ME*

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.