

No. 300
10.48

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

1909

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lawrence</u>	
c. LENGTH OF STAY (in this place) <u>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>		d. STREET ADDRESS <u>202 N. Elliott Ave.</u>		d. DATE OF DEATH (Month) (Day) (Year) <u>Jan. - 5 - 1954</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
a. (First) <u>Elizabeth</u>		b. (Middle) <u>Hoover</u>		c. (Last) <u>Wilks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. - 5 - 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 25, 1856</u>	
9. AGE (In years last birthday) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Verona, Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>Verona, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elisha Browning</u>			
13a. FATHER'S NAME <u>Elisha Browning</u>		13b. MOTHER'S MAIDEN NAME <u>Gula Rinker</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel E Wilks</u>			
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Viva Talburt, Marionville Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Atherosclerosis</u>				Interval between onset and death <u>several years</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Hypertension, essential</u>				Interval between onset and death <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>447X</u>				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)		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>5:00 P.M. January 5, 1954</u> , to <u>8:45 P.M.</u> , that I last saw the deceased alive on <u>Jan 5, 1954</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. K. L. Seligman, M.D.</u>				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>1/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 9/54</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Springriver Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Verona, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/6/1954</u>		REGISTRAR'S SIGNATURE <u>Osa Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Burdige</u>		ADDRESS <u>Marionville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1932

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 Herman Lurridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.