

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40337**BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd 0160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1506 Price St</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles West Jackson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>LARKIN</u> c. (Last) <u>WILKINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 21, 1876</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>near Millerville Mo.</u>	
13a. FATHER'S NAME <u>Joel H. Wilkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Rousilla Hendrix</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Davis Wilkinson</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>Frank Wilkinson Jackson 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Led P</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio Sclerosis</u> 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 <u>7 yrs</u> <u>Doris Henry</u>
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) 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 <u>Dec 16, 1954</u> , to <u>Dec 23, 1954</u> , that I last saw the deceased alive on <u>Dec 22, 1954</u> , and that death occurred at <u>4:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Rth Deborah H. Mal</u>		23b. ADDRESS <u>Jackson Mo.</u>	23c. DATE SIGNED <u>12-29-54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Mogler</u>	24d. LOCATION (City, town, or county) (State) <u>near Jackson Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-29-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Jackson Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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