

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43345**

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 32

550
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL NO. MT. VERNON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA Mo.</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>THE HEDGES-REST HOME</u>			

3. NAME OF DECEASED a. (First) <u>WINFRED</u> b. (Middle) _____ c. (Last) <u>WILKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 30 1954</u>		
5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>APRIL 17-1884</u>	9. AGE (in years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>8</u> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ORA RIGBY MT. VERNON 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.			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis and cerebral damage</u>			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>Advanced arthritis and Hip fracture</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>234 X F</u> 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) (Min.)		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 9/10 1947 to 12/30 1954 that I last saw the deceased alive on 12/15 1954, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. G. Graves MD</u>		23b. ADDRESS <u>Mt Vernon</u>		23c. DATE SIGNED <u>12/31/54</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>C. FARM CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>2 Mi. S. Mt. Vernon Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-21-55</u> REGISTRAR'S SIGNATURE <u>Carl Handrick</u> 411-0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Forrester Mt. Vernon Mo.</u>			

VS FEB 23 1960

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student-Embalmer

Signed: H. D. Locant

Licensed Embalmer No. 2281

P. O. Address: mt Vernon m

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.