

3245

State File No.

0919

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Posey</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <u>Rural</u>		(If rural, give location) <u>8120 g</u>	
3. NAME OF DECEASED a. (First) <u>DANIEL</u> b. (Middle) <u>HENDERSON</u> c. (Last) <u>WILKEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 29, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 11, 1930</u>
9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drill Press Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Research</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Posey, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Wilkey</u>	
13b. MOTHER'S MAIDEN NAME <u>Mable Camp</u>		14. NAME OF HUSBAND OR WIFE <u>Yvonne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Daniel Wilkey, Posey, Ill.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm of Abdominal Aorta (traumatic)</u> ANTECEDENT CAUSES DUE TO (b) <u>Gun Shot Wound</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>8120 g E 9190</u>	
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Posey Ill Clinton County Ill</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-25-1948</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Rifle shot While Unloading Gun</u>	
22. I hereby certify that I attended the deceased from <u>1-18-</u> , 19 <u>55</u> , to <u>1-29-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-29-</u> , 19 <u>55</u> , and that death occurred at <u>4:48 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. J. Vermillion M.D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>1-30-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Posey</u>	24d. LOCATION (City, town, or county) (State) <u>Posey, Ill.</u>
DATE REC'D BY LOCAL REG. <u>JAN 31 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</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.....
Signature of Student Embalmer

Signed.....
John L. Senneker

Licensed Embalmer No. *416*

P. O. Address: *St. Louis*

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.