

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4562

State File No.

FILED MAR 14 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 200-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>2</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u> b. COUNTY <u>Leflore</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, S. Campbell Twp.</u>		c. LENGTH OF STAY (In this place) <u>8 mos. 13 da.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenwood</u> <u>8230</u>	
		d. STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>Route #1</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Duell</u>	b. (Middle) <u>Edwards</u>	c. (Last) <u>Wilkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 28, 1955</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 18, 1903</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u> <u>/</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. L. Wilkins</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FILE: M.C.F.P. Springfield, Missouri</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis of lung, far advanced</u> DUE TO (c)		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>002 X</u> YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that The Medical Staff attended the deceased from June 18, 1954, to Feb. 28, 1955, that I last saw the deceased alive on Feb. 28, 1955, and that death occurred at 5:15 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Rinck</u> (Degree or title) <u>M. D., Clinical Dir.</u>	23b. ADDRESS <u>Medical Center for Fed. Prisoners, Springfield, Mo.</u>	23c. DATE SIGNED <u>3-1-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/3/1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Greenwood, Mississippi</u>
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DATE REC'D BY LOCAL REG. <u>3-7-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Dyer</u>	ADDRESS <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
SPRINGFIELD, MISSOURI

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 *Harry A. [Signature]*

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.