

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6616**
Registrar's No. **1212**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN TROY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. BAPTIST HOSPITAL		e. STREET ADDRESS (If rural, give location) R.R. ITROY ILLINOIS 81208	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) THOMAS c. (Last) WILKINSON			4. DATE OF DEATH (Month) (Day) (Year) FEB. 9 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB 24 1882
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER	10b. KIND OF BUSINESS OR INDUSTRY COAL MINES
11. BIRTHPLACE (City and State or Foreign Country) TROY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOSEPH WILKINSON		13b. MOTHER'S MAIDEN NAME JANE HORSLEY	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 342-09-3642	17. INFORMANT'S SIGNATURE OR NAME H. Wilkinson ADDRESS TROY, ILLINOIS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Atherosclerosis DUE TO (b) Atherosclerosis DUE TO (c) _____ 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? 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? 42013	
22. I hereby certify that I attended the deceased from Dec 1951 , to Feb 9 1955 , that I last saw the deceased alive on 1955 , and that death occurred at 6:20 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles G. Mollen, M.D.		23b. ADDRESS 3121 N. Grand	23c. DATE SIGNED 2/9/55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB. 12-1955	24c. NAME OF CEMETERY OR CREMATORY CITY	24d. LOCATION (City, town, or county) (State) TROY ILLINOIS
DATE REC'D BY LOCAL REG. FEB 9 1955	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Jewel S. Edwards ADDRESS Troy Ill	

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 *Jewel S. Edwards*

Licensed Embalmer No. *354*.....

P. O. Address *Tray Del*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.