FILED JUL 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21051

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edwards (Rural)
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None /

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN: EDWARDS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 00280
e. STREET ADDRESS (If rural, give location): 5 miles East

3. NAME OF DECEASED (Type or Print)
a. (First): Lizzie
b. (Middle): Elizabeth
c. (Last): Wilkinson

4. DATE OF DEATH (Month) (Day) (Year): July 9 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 5. 1886
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months: 5 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Benton Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Issiac Chancellor
13b. MOTHER'S MAIDEN NAME: Mary McClain
14. NAME OF HUSBAND/OR WIFE: Tom Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Tom Wilkinson
ADDRESS: Edwards, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombotic encephalomalacia lwk
DUE TO (c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1955, *to* July 9, 1955, *that I last saw the deceased alive on* July 8, 1955, *and that death occurred at* 5:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russ Chally DO
23b. ADDRESS: Warsaw, Mo
23c. DATE SIGNED: 7/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11 1955
24c. NAME OF CEMETERY OR CREMATORY: Cliqar Springs
24d. LOCATION (City, town, or county) (State): Benton Co. Mo.

DATE REC'D BY LOCAL REG.: July-11-1955
REGISTRAR'S SIGNATURE: Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Reser
ADDRESS: Warsaw

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Peser

Licensed Embalmer No.....4

P. O. Address ....Warsa

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.