

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3004 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Neward</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Neward</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonshoro</u>	
c. LENGTH OF STAY (In this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. ✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Free Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>m</u> c. (Last) <u>Wilkinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 10, 1877</u>
9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Neward Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Robt Kwatt</u>	
13b. MOTHER'S MAIDEN NAME <u>Coanga Naupin</u>		14. NAME OF HUSBAND OR TYPE <u>Steve Wilkinson</u>	
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>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Geo. Seehler New Franklin</u>			
17. ADDRESS <u>334 X</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		DUE TO (c)	
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?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1954, to <u>Aug 28</u> , 1955, that I last saw the deceased alive on <u>Aug 28</u> , 1955, and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Keech M.D.</u>		23b. ADDRESS <u>Fayette Mo.</u>	
23c. DATE SIGNED <u>9/1/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 30 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boonshoro</u>	24d. LOCATION (City, town, or county) (State) <u>Boonshoro Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>Mary H. O'Neil</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>T. L. Zell New Franklin</u>		ADDRESS <u>—</u>	

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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, Va

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.