

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **26856**

**FILED SEP 1 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **5**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Lawrence</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <del>Missouri</del> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY OR TOWN <del>Missouri</del> <b>Aurora</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 days</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Route 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Missouri State Sanatorium</b>			

<b>3. NAME OF DECEASED</b> (Type or Print): a. (First) <b>Atlas</b> b. (Middle) <b>E.</b> c. (Last) <b>Wilks</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 25, 1955</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Mar. 30, 1892</b>	<b>9. AGE</b> (In years last birthday) <b>63</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Verona, Mo.</b>		<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Francis Wilks</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Roles (?)</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mable Wilks</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>493-14-0114</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>San, records, Mo, State San., Mt. Vernon, Mo.</b>		<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Mesenteric thrombosis with gangrenous duodenum</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive heart failure secondary to arteriosclerotic heart disease.</b> DUE TO (c) <b>Tuberculous pleural effusion and tuberculous peritonitis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>0030.</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 8-20-, 1955, to 8-25-, 1955, that I last saw the deceased alive on 8-25-, 1955, and that death occurred at 8:50 pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>C. H. Helling M.D.</b>		<b>23b. ADDRESS</b> <b>Mt. Vernon, Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-25-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>8-25-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Maple Park</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Aurora Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>8-25-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Handwerker</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Essen L. Marsh</b> <b>Aurora Mo</b>	

(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 *W. J. Smith*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm. L. Marsh*

Licensed Embalmer No. 3812

P. O. Address Aurora

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.