

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13789**

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 2296 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>De Soto RURAL (VALLE)</u>		c. LENGTH OF STAY (In this place) <u>18 YRS.</u>	c. CITY OR TOWN <u>De Soto</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT.#1, S.E. OF De Soto 1 MILE</u>		e. STREET ADDRESS (If rural, give location) <u>RT.#1, 1 M; SE. OF De Soto</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>WILKINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 9, 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 6, 1887</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days
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 (City and State or Foreign Country) <u>MADISON Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>A. C. WILKINSON</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY HELTIBRAND</u>		14. NAME OF HUSBAND OR WIFE <u>LIZZIE 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>495-30-9600</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LIZZIE WILKINSON De Soto RT#1</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Hypertension</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>4-5-1956</u> <u>4-9-1956</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 <u>331x</u>		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 June, 1955, to 4-9, 1956, that I last saw the deceased alive on 4-9, 1956 and that death occurred at 6:15 m., from the causes and on the date stated above.

23a. SIGNATURE G. E. Peiss (Degree or title) of 23b. ADDRESS De Soto Mo 23c. DATE SIGNED 4-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE APR 11 1956 24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK 24d. LOCATION (City, town, or county) (State) De Soto Mo.

DATE REC'D BY LOCAL REG. 4-18-56 REGISTRAR'S SIGNATURE Marie Ferris 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Donnell B. DeLoach De Soto Mo

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 23 1956

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 *Donnell B. Stielich*

Licensed Embalmer No. *4104*

P. O. Address *Debita*

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.