

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>65</u>		
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ma.</u> b. COUNTY <u>Cedar</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Spg.</u>		c. LENGTH OF STAY (in this place) <u>40 yr</u>		c. CITY OR TOWN <u>Jerico Spg.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0205</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>Leroy</u> c. (Last) <u>WILKINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-1-1957</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>9-22-1880</u>		
				9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Days <u>4</u> IF UNDER 24 HRS. Hours <u>9</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Creston Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Taylor Wilkins</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Ida</u>			14. NAME OF HUSBAND OR WIFE <u>Eva Wilkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. <u>496-10-5127</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Wilkins</u> ADDRESS <u>Jerico Spg.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Shrapnelated trauma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> <u>4 Day</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____		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>1-27</u> , 19 <u>57</u> , to <u>2-1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>57</u> , and that death occurred at <u>3:45 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Jerico Spg.</u>		23c. DATE SIGNED <u>2-1-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-3-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anna-Eva Cfm.</u>		24d. LOCATION (City, town, or county) (State) <u>1-S. E. Jerico Spg. Ma.</u>		
DATE REC'D BY LOCAL REG. <u>2-8-1957</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Jerico Spg.</u>				

(Licensed Embalmer's Statement on Reverse Side)

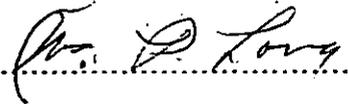
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3714

P. O. Address Jervis St.

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.