

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022496

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 73

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Brookfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>335 East Sedgwick</u> | | Length of stay in 1b <u>48 years</u> | | d. STREET ADDRESS (If outside, give location) <u>335 East Sedgwick</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ann</u> Last <u>Wilkes</u> | | | | 4. DATE OF DEATH Month <u>June</u> Day <u>25</u> Year <u>1958</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>August 12, 1878</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | 10a. 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>Homemaker</u> | | 11. BIRTH PLACE (City and state or country) <u>Ethel, Missouri</u> | |
| 10c. IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u> | | 10d. IF UNDER 24 HRS. Hours <u>13</u> Min. <u></u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13. FATHER'S NAME <u>John W. Bacon</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Elizabeth Burnett</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT Address <u>Elmer Wilkes, Brookfield, Mo.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hr.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | |
| DUE TO (b) <u>Generalized arteriosclerosis</u> | | | | | | | <u>5 yrs.</u> |
| DUE TO (c) <u>Arteriosclerosis</u> | | | | | | | <u>260X</u> <u>10 yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Mesera-</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>—</u> | | | | | |
| 20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | | 20f. CITY, TOWN, OR LOCATION <u>—</u> | | COUNTY <u>—</u> | | STATE <u>—</u> | |
| 21. I attended the deceased from <u>3/24/50</u> to <u>6/25/58</u> and last saw her alive on <u>6/25/58</u> Death occurred at <u>7:10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>H. W. Bohrschmidt M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Brookfield, Mo.</u> | | 22c. DATE SIGNED <u>6/26/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>June 27, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>6-27-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Reg.</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.....
Signature of Student Embalmer

Signed *Gerald T. Waugh*

Licensed Embalmer No. *411*

P. O. Address *Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.