

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012812
STATE FILE NUMBER

MAY 4 1959 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 24

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Dent | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Bunker 0330 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Hart Clinic | | Length of stay in 1b 10 days | d. STREET ADDRESS Bunker (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Montie Middle Lowell Last Wilkins | | | 4. DATE OF DEATH Month A Day pril Year 25 1959 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec 31 1906 |
| 9. AGE (In years last birthday) 52 | | IF UNDER 1 YEAR Months 0 Days 30 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY general | 11. BIRTHPLACE (City and state or country) Reynolds Co Mo |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | 13a. FATHER'S NAME Jack Wilkins | |
| 13b. MOTHER'S MAIDEN NAME Lillie Miner Wilkins | | 14. NAME OF HUSBAND OR WIFE xx | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. xxx | 17. INFORMANT Charle Wilkins Bunker Mo Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung | | | INTERVAL BETWEEN ONSET AND DEATH 4 mo |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 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.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 4/18/59 , to 4/25/59 and last saw ^{her} alive on 4/25/59 Death occurred at 11 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE M. M. Hart (Degree or title) | | 22b. ADDRESS Salem, Mo. | 22c. DATE SIGNED 4/28/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 4-28-59 | 23c. NAME OF CEMETERY OR CREMATORY Greeley Cem | 23d. LOCATION (City, town, or county) (State) Greeley Mo |
| 24. FUNERAL DIRECTOR Spencer Funeral Home ADDRESS | | 25. DATE RECD. BY LOCAL REG. 4/28/59 | 26. REGISTRAR'S SIGNATURE M. M. Hart M.D. by 9M |

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. 237
P. O. Address

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.