

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

159-014464  
STATE FILE NUMBER

FILED MAY 14 1959

Registration District No. 292 Primary Registration District No. Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jasper Township.</b>		c. CITY OR TOWN <b>R.F.D. Vandalia, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>RFD. Vandalia, Mo.</b>		d. STREET ADDRESS <b>Jasper Township.</b>	
3. NAME OF DECEASED (Type or print) First <b>BERTHA</b> Middle <b>NADINE</b> Last <b>WILKINSON</b>		4. DATE OF DEATH Month <b>May</b> Day <b>10</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 6, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		11. BIRTHPLACE (City and state or country) <b>Ralls County, Mo.</b>	
13. FATHER'S NAME <b>Henry Wilkinson.</b>		14. MOTHER'S MAIDEN NAME <b>Milessa Jefferies.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-40-0811</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis.</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4221</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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. Month, Day, Year p. m.			
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 <b>No Medical Attention.</b> and last saw her alive on _____ Death occurred at <b>6:00</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Clyde C. Wiley, Coroner.</b>		22b. ADDRESS <b>Perry, Missouri, Ralls Co.</b>	
22c. DATE SIGNED <b>5-10-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-11-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Chapell Cemetery, Ralls Co. Mo.</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Clyde C. Wiley</b>	ADDRESS <b>Perry, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-11-1959</b>	26. REGISTRAR'S SIGNATURE <b>Clyde C. Wiley</b>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part 1 must be causally related. Coroner need not certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 18 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. ....

P. O. Address.....

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

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.