

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018778
STATE FILE NUMBER

FILED JUN 4 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 112

300
-57

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salisbury Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp.		Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) 119 E. Third St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Jesse Joseph Wilkey			4. DATE OF DEATH Month Day Year May 22 1959		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1880	9. AGE (In years from birthday) 70	10. FUNDING YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY gen. farming	11. BIRTHPLACE (City and state or country) Chariton County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Carl Wilkey		13b. MOTHER'S MAIDEN NAME Sophia Reppenhagen		14. NAME OF HUSBAND OR WIFE Julia Conn Wilkey	
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. 495-40-4707		17. INFORMANT Address Mrs. Julia Wilkey, Salisbury, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stomach-related Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinemia		
	DUE TO (c) Carcinoma of stomach		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X			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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 6-10-1950 to 5-22-59 and last seen alive on 5-22-59 Death occurred at 8:22 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE George D. Gunn Do (Degree or title)		22b. ADDRESS Salisbury, Mo		22c. DATE SIGNED 5-23-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/24/59		23c. NAME OF CEMETERY OR CREMATORY Old Prairie Hill Cem.		23d. LOCATION (City, town, or county) (State) Prairie Hill, Mo.	
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24. FUNERAL DIRECTOR Chas. B. Winkelmeier, Salisbury, Mo.		25. DATE RECD. BY LOCAL REG. 5-24-59		26. REGISTRAR'S SIGNATURE Reardon	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Chas B Winkelmeier*

Licensed Embalmer No. *3842*
P. O. Address *Salisbury, Md*

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.