

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-024866**

**DEATH VS JUL 20 1959** 2

Registration District No. 732 Primary Registration District No. 3021 Registrar's No. 136

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GRUNDY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>TRENTON</u>		Length of stay in 1b <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>TRENTON</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>1411 Main St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1411 Main St.</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>Estelle</u> Last <u>Wilks</u>			4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/16/1880</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>		11. BIRTHPLACE (City and state or country) <u>Sullivan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D. Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Lewis Wilks (dec)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>349-22-0417</u>		17. INFORMANT <u>MRS. Nelson Musgrove</u>		Address <u>MILAN MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
IMMEDIATE CAUSE (a) <u>Terminal Pneumonia</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Fracture of right upper femur</u>							
DUE TO (c) <u>Arthritis and arterio-sclerosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Patient slipped and fell in her room</u>					
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year <u>June 26-1959</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Her room</u>	20f. CITY, TOWN, OR LOCATION <u>Trenton</u>		COUNTY <u>Grundy</u>	STATE <u>Mo.</u>	
21. I attended the deceased from <u>June 27-1959</u> to <u>July 9-1959</u> and last saw her <u>alive</u> on <u>July 9-1959</u> Death occurred at <u>10:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chaulless M.D.</u>				22b. ADDRESS <u>Trenton, Mo.</u>		22c. DATE SIGNED <u>July 10-1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 10, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>AURORA Ill. Mo. 1</u>		
24. FUNERAL DIRECTOR <u>J. Gordon Blackman</u>			ADDRESS <u>Trenton Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9/19/59</u>	26. REGISTRAR'S SIGNATURE <u>J. Gordon Blackman</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS  
JUL 21 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Claude H. Conda

Licensed Embalmer No. 498  
P. O. Address \_\_\_\_\_

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