

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-029274

FIVED VS JUL 22 1960

Registration District No. 917 Primary Registration District No. 500 Registrar's No. 2115 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay (25)	Length of stay in lb 14 yrs.	c. CITY OR TOWN Lemay (25)	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 225 Waller		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 225 Waller

3. NAME OF DECEASED (Type or print) First KATHERINE Middle M Last WILKINSON			4. DATE OF DEATH Month July Day 15 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/7/80	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Tennyson Ind.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Melvin Mc Coy		13b. MOTHER'S MAIDEN NAME Florence Chase		14. NAME OF HUSBAND OR WIFE John Wilkinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give type or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT Address Robert Wilkinson 225 Waller 25 Ave		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branchogenic CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 10-27-58
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 s.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 **10-27-58** to **July 15, 1960** and last saw her/him alive on **June 22, 1960**
 Death occurred at **12:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Crawford D.D.	22b. ADDRESS 9612 S. Bascom	22c. DATE SIGNED 7-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/18/60	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery
23d. LOCATION (City, town, or county) Boonville Indiana		

24. FUNERAL DIRECTOR Fendler Und. Co.	ADDRESS 7420 Michigan Ave.	25. DATE RECD. BY LOCAL REG. 7-15-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF 7

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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