

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

LED VS SEP 20 1960

-60-035418

Registration District No. 179 Primary Registration District No. 4288 Registrar's No. 120 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moscow Mills		Length of stay in 1b 8 Mo.		c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6219A Plymouth		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Imogene Middle None Last Wilkinson				4. DATE OF DEATH Month September Day 14 Year 1960				
5. SEX Female	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 3/15/73	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Lincoln Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Creech			13b. MOTHER'S MAIDEN NAME Catherine Emerson			14. NAME OF HUSBAND OR WIFE George A. Wilkinson Sr.		
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. None		17. INFORMANT Geo. Wilkinson Jr. 6219A Plymouth St Louis, 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) CEREBRAL HEMORRHAGE							INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
DUE TO (b) ADVANCED CEREBRAL ARTERIOSCLEROSIS							UNK	
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 a.m. p.m.								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>June 1960</u> to <u>Sept. 1960</u> and last saw her <u>alive on Sept. 8, 1960</u> Death occurred on <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Paul T. Berryman (Do not write in parentheses)				22b. ADDRESS Troy Mo.			22c. DATE SIGNED 9-15-60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/17/60	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) Troy, Missouri.			
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.				25. DATE RECD. BY LOCAL REG. 9-15-1960		26. REGISTRAR'S SIGNATURE Charlotte Leek		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1960

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

Joseph J. March

Licensed Embalmer No. 5105

P. O. Address Troy, Mo

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.