

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-000120

FILED VS JAN 26 1961

Primary Registration District No. 4024 Registrar's No. 5

STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY BARRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CCASSVILLE		Length of stay in lb D/O/A	c. CITY OR TOWN MONETT		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CASSVILLE OSTEOPATHIC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT# 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARENCE Middle WASHINGTON Last WILKINS			4. DATE OF DEATH Month JAN. Day 18 Year 1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/89	9. AGE (last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Auditor		10b. KIND OF BUSINESS OR INDUSTRY C&O Railroad	11. BIRTHPLACE (City and state or country) Somerst, Penn.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME J.M. Wilkins		13b. MOTHER'S MAIDEN NAME Alice Endsley		14. NAME OF HUSBAND OR WIFE Leona Wilkins	
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.		17. INFORMANT Leona Wilkins, Rt. #2 Monett, 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) Coronary Artery Occlusion					INTERVAL BETWEEN ONSET AND DEATH 20 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease					5 yrs.
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"/> N. <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year					
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 Aug 9, 1960 to Jan. 1, 1961 and last saw him alive on Jan 1, 1961 Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James E. Ludvig, D.O. (Degree or title)		22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 1/20/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/20/61	23c. NAME OF CEMETERY OR CREMATORY Antholic Cemetery	23d. LOCATION (City, town, or county) Tolvas, Ill.		
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 1-20-1961	26. REGISTRAR'S SIGNATURE Grace Williams		

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1961

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 Doyle E. Williamson

Licensed Embalmer No. K883

P. O. Address Cassville, 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.