

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002510

AMENDED

Registration District No. 371 Primary Registration District No. 5639 Registrar's No. 3

STATE FILE NUMBER

**FILED FEB 14 1962**

1. PLACE OF DEATH  
 a. COUNTY Lafayette  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp Length of stay in 1b 3 yrs  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 mi S. E. Odessa Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Lafayette  
 c. CITY OR TOWN Odessa Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) R 1 8 mi S. E. Odessa Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Eula Middle Bell Last Wilkinson 4. DATE OF DEATH Month Feb. Day 2 Year 1962

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-17-1887 9. AGE (last birthday) 74  
 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Odessa, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Marshal McCormack 13b. MOTHER'S MAIDEN NAME Sarah Weiss 14. NAME OF HUSBAND OR WIFE Ivan Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Mrs. Delma Rivers R 1, Odessa, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 week  
 DUE TO (b) Generalized Arteriosclerosis 10 years  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)  
 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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ s.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 Oct. 30, 1961 to Feb 2 1962 and last saw her Feb 2 1962 alive on \_\_\_\_\_  
 Death occurred at 11 30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne Boynton MD 22b. ADDRESS 107 So 2nd St. Odessa, Mo 22c. DATE SIGNED 2-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 2-5-1962 23c. NAME OF CEMETERY OR CREMATORY Bates City Cemetery 23d. LOCATION (City, town, or county) (State) Bates City Laf, Mo

24. FUNERAL DIRECTOR Ralph O. Jones, Odessa, Missouri ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 2-5-62 26. REGISTRAR'S SIGNATURE Emma Davidson

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 Ralph C. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, 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.