

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029994

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 833

Primary Registration District No. _____

Registrar's No. _____

FILED SEP 12 1962

1. PLACE OF DEATH

a. COUNTY Bollinger

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Lutesville

Length of stay in 1b

1 Week

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Bond Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Cape Girardeau

c. CITY

OR TOWN

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

512 So. Sprigg St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

InaP.Wilkinson

4. DATE OF DEATH

Month

Day

Year

September 3, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/27/1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Near Burfordsville, Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Columbus Gladish

13b. MOTHER'S MAIDEN NAME

Almaranda Helderman

14. NAME OF HUSBAND OR WIFE

Guile Wilkinson

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

Address

Opal Hargraves-Cape Girardeau, 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)

Hypostatic pneumonia and uremia.

DUE TO (b)

Renal shut down.

DUE TO (c)

Cardiovascular accident

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 ☐ Unknown19. 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 a.m. p.m. Month, Day, Year20d. 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 8/27/62 to 9/3/62 and last saw her alive on 9/3/62
Death occurred at 9:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John P. Hargraves Do

22b. ADDRESS

Lutesville, Mo.

22c. DATE SIGNED

9/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/5/1962

23c. NAME OF CEMETERY OR CREMATORY

Russell Heights Cemt.

23d. LOCATION (City, town, or county)

Jackson, Mo.

24. FUNERAL DIRECTOR

ADDRESS

L. L. Haman-Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

9/8/62

26. REGISTRAR'S SIGNATURE

Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59100902016834567891011121314151617181920212223242526272829303132333435

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 Howard L. Harmon

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.