

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027624

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 102

FILED JUL 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JEFFERSON		b. CITY (If outside corporate limits, give TOWNSHIP only) JOACHIM		a. STATE Mo.		b. COUNTY JEFFERSON	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. VIEW CONV. HOME		Length of stay in 1b 1 DAY		c. CITY OR TOWN DE SOTO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS RT# 1.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ELVIRA		Middle ELIZABETH		Last WILKINSON		Month Day Year JULY 6, 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/24/85	9. AGE (last birthday) 76	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) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES G. WARD			13b. MOTHER'S MAIDEN NAME RICHARDSON		14. NAME OF HUSBAND OR WIFE T. J. 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.		17. INFORMANT Address M. L. WILKINSON RT. #1 DE SOTO, 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) Carcinoma of Stomach & Metastases 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 a.m. p.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 <u>1956</u> to <u>1962</u> and last saw her alive on <u>July 6, 1962</u> Death occurred at <u>8:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. E. Pierce, D.O.				22b. ADDRESS 105 Easton De Soto Mo.		22c. DATE SIGNED July 7, 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/9/62		23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY DE SOTO, MISSOURI		23d. LOCATION (City, town, of county) DE SOTO, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS DIETRICH, 120 BOYD ST. DE SOTO, Mo.				25. DATE RECD. BY LOCAL REG. 7-9-62		26. REGISTRAR'S SIGNATURE Pierce	

USE BLACK INK OR TYPEWRITER RIBBON

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 Donnell B. Dretter

Licensed Embalmer No. 4104

P. O. Address Delato, 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.